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Supporting Supporters: An Exploration of the Experience of Informal Social Supports for Muslim Survivors of Domestic Violence and Abuse

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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Abstract

Domestic Violence and Abuse (DVA) is a critical issue in social sciences research. This study examines the role of informal social supporters (ISs) in the initial help-seeking process for DVA survivors. Through a mixed methods approach and reflexive thematic analysis, eight themes emerged: characteristics of ISs, methods of realizing abuse, bearing witness, investigating, offering solutions, fostering connections, building confidence, and navigating barriers. These findings offer a comprehensive understanding of ISs' perspectives on support-seeking and their experiences. This work can guide strategies to better support ISs in mitigating DVA.

Keywords: informal social support, domestic violence and abuse, survivor, help-seeking, intervention, community agency programming.

Summary for Lay Audience

Domestic Violence and Abuse (DVA) has been researched frequently by social scientists. Given the increasing rates of the occurrence of DVA, it is critical that we come up with ways for reducing this issue (Statistics Canada, 2022; World Health Organization, 2023). One strategy involves including informal social support (ISs), such as the family and friends, who are usually the first people sought out by survivors of DVA (Harper 2021; Satyen, Rogic & Supol, 2018). Using a survey and three focus groups, this research study explored the experiences of ISs to get an idea of their thoughts on the processes of help-seeking, and how they apply their individual definitions of support. Through a strengths-based, humanistic, and culturally informed lens, eight total themes were found: characteristics of ISs, methods of realizing abuse, bearing witness, investigating, offering solutions, fostering connections, building confidence, and navigating barriers. This study's findings offer a comprehensive representation of how ISs understand support-seeking and their overall experiences of providing and receiving support. This work can be used to inform ways we can support ISs in their necessary roles to mitigate DVA.

Acknowledgments

Change does not occur in isolation so I would like to acknowledge the people who made this act of service possible. To my supervisor Dr. Susan Rodger and committee member Dr. Marguerite Lengyell, thank you for encouraging me along this tumultuous journey. Writing this thesis was one of the hardest things I've done, thank you for helping me yield the fruits of its labour; for teaching me about culturally sensitive and trauma-informed research methods and perspectives. For most of my academic career, I thought research in Psychology was reductive: turning people into data and objectifying rich human experiences to form words on a page. Thank you for affirming that research can be thoughtful, that words are important, and that sharing stories is necessary for change.

To the coordinators at our collaborating agency, this work would never have happened if it weren't for our long chats in Susan's office and your considerate feedback on our formulation of this topic. Thank you for your patience with my incessant emails and your gracious help with translation, recruitment, and overall making this study accessible to participants. I can't name you for confidentiality purposes, but I'll never forget the pivotal support you offered throughout this process. I wish you all the success in the incredible, and essential, work you're doing for the Muslim community. I hope this study offers a drop in the bucket of these wider efforts.

To my new friends, thank you for giving me a home away from home. For commiserating with me when times got tough and for celebrating me when times got good. To my old friends, thank you for checking in and cheering me on. For inspiring me to explore our stories and for reminding me of why I'm doing this work.

To my parents, thank you for your endless dedication to my success. You uprooted your lives to offer your children opportunities we may not have had otherwise. Thank you for teaching

me the value of education and for all your sacrifices to ensure I got the best one. I hope I've made you proud and that your physical, emotional, social (and financial) sacrifices for me have been rewarding. Thank you for allowing me to explore the thing I love and for enabling my ambitions towards it. You may not have always understood what I was doing but you honoured it regardless.

To my sister, Imane, my very own informal supporter. I can't think of where I'd be if it weren't for our late-night calls and virtual check-ins where you talked me through whatever crisis I was having at the moment. Change does not occur in isolation, and part of that means asking for help when I need it and building a robust network of social support. Thank you for teaching me this.

To all the lovely women who offered their time and energy into participating in this study, thank you for sharing your stories. I hope I've reflected them compassionately.

And to The One who says *be and it is…* I pray that I continue to serve You by serving others.

In Your Divine Name I proceed. *Bismillah.*

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Chapter 1: Introduction

Domestic Violence and Abuse (DVA) is a significant concern in social sciences research. The World Health Organization reports that one-third of women globally experience physical and/or sexual violence, often by an intimate partner (2023). In Canada, family violence reports are rising, with women and girls comprising 69% of victims (Statistics Canada, 2022). These statistics have spurred the creation of grassroots organizations, government-funded agencies, and laws to address DVA. Many public institutions highlight types of domestic abuse, provide resources, and outline legal actions for survivors (London Police Service, n.d.). While statistics drive social change, the process is complex.

I use the phrase DVA instead of intimate partner violence (IPV) or gender-based violence (GBV) at the discretion of our community partner for this project. DVA is easier to translate and conceptualize in other languages, which makes it a more accessible term for our population. Given the alarming incidence rates, there is an urgency to gain a better grasp of the nature of DVA so that we can come up with effective interventions. Researchers have explored the various forms of DVA, the personal and social risk factors, and the value of formal social supports such as shelters and law enforcement. The research has also shown that these formal supports are usually a final attempt at help-seeking among DVA survivors, especially within minority groups (Ghafournia & Easteal, 2021; Harper, 2021). It can be daunting for folks who have limited experience with formal institutions, to reach out to those very institutions in hopes of support.

Community-based agencies make efforts to tackle this concern by mobilizing less daunting approaches. They do this by fostering collaboration between survivors and wider organizations, such as schools, workplaces, and religious institutions. A local center employing this strategy is an undisclosed Muslim Support Agency, henceforth referred to as The MSA, with

which we collaborated on this study. The MSA acknowledges the importance of teaching community members adaptive coping skills as well as how to navigate social support in a new space. Some of the ways they accomplish this is by delivering programs to promote psychoeducation to newcomer Muslim families and hosting information sessions addressing DVA.

I highlight this service because the literature on DVA shows that, often, survivors will initially turn to their social networks—extended family, friends, neighbours, and coworkers—to garner support (Harper 2021; Satyen, Rogic & Supol, 2018). Thus, collaborative, community approaches that bring in social networks with the aim to teach, care for, and empower them are impactful in initiating wider change. It can be difficult to reach survivors directly, but if we reach those in their circles of trust, we can create a *chain* of support to help them in their circumstance. The strength of that chain depends on the resources available for a survivor's Informal social Support (ISs). Investigations on effective care strategies in the context of DVA should therefore extend to these social networks, as they provide a critical 'first line of defense' for survivors. As such, we must inquire about the unique experiences of ISs, as well as explore the resources they want and need to *support them* in their difficult yet critical role.

Chapter 2: Literature Review

The literature relevant to my study can be divided into categories and subcategories that help the reader establish a frame of reference for the content presented later in this paper. In this chapter, along with defining key concepts, I organize the research I found helpful in navigating the topic of Informal social Support (ISs) within the context of Domestic Violence and Abuse (DVA). I do this by broadly identifying two categories: research concerning DVA survivors and

research concerning their supporters. These categories allow us to reflect on the work that has been done in this field, as well as the areas that require further exploration.

Key Concepts

Domestic Violence and Abuse

Domestic Violence and Abuse (DVA) provides the context for my research and, thus, requires a definition. Interestingly, much of the literature I read for this study did not explicitly define DVA, but I understand it to refer to the harmful exertion of power and control by one person over another, within a domestic environment. I use the term 'harmful' as a qualifier because there are various contexts within a household where imbalances of power and control necessarily exist (i.e., between child and parent). DVA happens when the power and control exercised by one member of the household begins to veer from a tool for protection and care, into a tool for subjugation and oppression. The Duluth Power and Control Wheel helps distinguish various forms of DVA such as physical, sexual, verbal, emotional, and financial (Pence & Paymar, 1993).

I use the term DVA, instead of similar ones like Gender-Based Violence (GBV) or Intimate Partner Violence (IPV), at the suggestion of our community partner, The MSA. The term DVA is readily translatable across different languages, allowing it to be better understood by the participants we engaged with. DVA is also inclusive of a variety of populations and relational contexts; it is not limited based on gender like GBV, or the nature of the relationship, as in IPV. DVA contains both domestic violence *and* domestic abuse. It encompasses the severity of the act with the term 'violence', while broadening the definition to include covert forms of 'abuse' such as coercion (Devaney et al., 2021).

Trauma and Violence Informed Care

Trauma- and Violence-Informed Care (TVIC) is a proposed framework for understanding the contexts in which various communities operate and using this understanding to provide tailored services. TVIC involves shifting our conceptualization of trauma and violence from one where individuals carry some culpability for their circumstances to one where institutions are considered to have a responsibility to support survivors. TVIC can be defined by four principles of practice: understanding that trauma responses are normal reactions to abnormal circumstances; creating safe and accommodating environments for all; fostering collaboration and service user involvement in care; and using strengths-based, empowering approaches (Wathen & Varcoe, 2023). This framework considers the effects of historic, interpersonal, and structural trauma and violence and employs strategies to accommodate those seeking formal support.

TVIC is particularly useful when supporting disenfranchised communities who, by definition, are subject to structural barriers and institutional discrimination. Wathen and Varcoe propose that TVIC be employed in various community contexts across different domains, including healthcare and education (2023). Defining TVIC as a framework for operating across such settings allows us to work from a more culturally sensitive standpoint. To recognize that trauma and violence are not an individual issue, but rather a result of systemic shortcomings, sets the stage for comprehensive and socially aware care.

TVIC is a key concept for this study, which involves investigating informal support for DVA survivors and how it interacts with the customs and cultures of a particular subgroup of Muslim women, specifically Arabic-speaking newcomer Muslim women. The intersection of the specific support role and the cumulative social identity of our participants necessitates an awareness of the interplay between participants' lived experiences and the structural barriers they

have faced along the way. TVIC grants us that awareness and enables non-judgmental and collaborative interactions with our community of interest.

Newcomer

The term newcomer refers to individuals who have recently immigrated to a new country, in this context: Canada. Newcomers can be described as migrants (i.e., refugees and immigrants), although their status is defined by the recency of their entry. This is relevant for consideration because entering a new space and place influences the experience of DVA. Although rates of DVA among newcomer populations are comparable to those of Canadian-born populations, being a newcomer introduces additional layers of complexity, especially when navigating experiences of violence and seeking support (Giesbrecht et al., 2024). Guruge and colleagues (2020) demonstrate these layers in their exploration of domestic homicide among immigrant communities.

Newcomers often experience precarious legal status, which can make formal support access seem intimidating (Guruge et al., 2020). Depending on the duration of their residence in a new country, they may lack familiarity with, or have limited access to, culturally sensitive formal support systems. These challenges are compounded by experiences of systemic discrimination, racism, and patriarchal norms, which may further restrict their autonomy and options for safety. Other significant challenges highlighted by Guruge and colleagues include financial strain and employment barriers, which can exacerbate dependence on abusive partners (2020). Finally, geographic and social isolation, specifically for newcomers living in small or culturally insular communities, can further reduce avenues for and willingness to seek help (Guruge et al., 2020).

Despite evident needs for tailored support for newcomers, many existing interventions may fail to account for the culturally specific ways newcomers and their communities approach DVA. As a result, newcomer survivors may find themselves navigating both interpersonal

violence and broader structural violence, underscoring the need for support systems that are both trauma informed and culturally responsive (Milani & Leschied, 2022). Recognizing these intersecting barriers is crucial for understanding the unique position of newcomer women within DVA research and intervention efforts.

Collectivist and Individualist Cultures

One way to understand culturally specific ways of engaging with DVA is by differentiating the cultural patterns of newcomers and long-standing Canadian residents. Two broad categories of such patterns that can offer some insight include collectivist and individualist cultures. Collectivist societies prioritize the collective, meaning that interdependence, responsibility to others, and maintaining the status quo hold value. In collectivist cultures, people tend to prioritize the needs and interests of their extended family, tribe, or ethnic group over their personal desires (Baobaid & Ashbourne, 2016). A person's actions are often viewed as a reflection of their family and broader community, making social reputation highly significant. As a result, there is a strong focus on maintaining harmony, adhering to social expectations, and upholding group cohesion, even if it means placing personal well-being aside.

Conversely, individualist societies prioritize the individual. Independence, autonomy, and individuality are core values within this cultural context. Most North American and European nations subscribe to individualism, including Canada. Most of the world's population, however, live in collectivist contexts, including regions such as Africa, the Middle East, Asia, South America, and the Pacific, as well as minority communities within individualist societies (Baobaid & Ashbourne, 2016). Our population of interest—Arabic-speaking newcomer Muslim women—falls within the latter category, operating from a collectivist background while

navigating an individualist landscape. Although there was likely variation in participants' connection to collectivistic and individualistic attributes, in working with these women, understanding different cultural patterns helped to contextualize the experiences they shared.

Survivor-Centered Work

This first and most prevalent category of the broader literature explores when and how survivors seek help. Ghafournia and Easteal (2021) consider the facilitators and barriers to help-seeking amongst Muslim immigrant survivors of DVA in Australia. I appreciate that before diving into these factors, the authors explore pre-support coping and placating strategies, i.e., steps taken before the help-seeking stage. It is crucial to inform readers that survivors often do not immediately seek support but rather employ tactics independently to improve their situation. This effectively situates *survivors* as such, instead of the usual "victim" designation common in older DVA discourse. Ghafournia and Easteal describe the resilience of their participants in three ways. First, they express how some participants would maintain the household, stifle their rebuttals, and/or express kindness to their perpetrators to create a peaceful atmosphere within the home. Alternatively, other participants described resistance behaviours such as arguing with their perpetrator and/or creating distance between themselves and the immediate situation. Distracting behaviours like singing and reading also provided a coping strategy for survivors.

As these protective strategies became less useful to survivors, they began looking towards external support. According to Ghafournia and Easteal (2021), this switch is decided based on the nature of the violence and the survivor's re-evaluation of their circumstance. New threats of violence, increasing harm to children, and a realization that the relationship will not improve were all reasons cited by participants as facilitators to help-seeking. Some of the barriers were cultural values to maintain the family unit, social isolation, language barriers,

mistrust/misinformation regarding the law, accessibility of support services, racism, xenophobia, and stereotypes. This study focuses more on the initiation of help-seeking rather than the factors that counteract the barriers to help-seeking, i.e., what makes it easier for survivors to reach out to someone?

Sylaska and Edwards's (2014) research seeks to answer this question. The authors completed a literature review of studies detailing disclosure of DVA to informal social support networks. They found patterns on three dimensions: the survivor's demographic, intrapersonal, and situational factors. On the scale of demographics, female, white, young, upper/middle class survivors were more likely to disclose DVA. On an intrapersonal scale, survivors who interpreted emotional motivations for abuse (namely anger and jealousy), those who felt less shame or fear regarding the violence, and/or those who experienced psychological or stalking-related violence as opposed to other forms were more likely to disclose. In terms of situational factors, like Ghafournia and Easteal's (2021) finding, survivors who experienced greater severity and frequency of violence and/or those who had witnesses to the violence were more likely to disclose (Sylaska & Edwards, 2014). As for common traits among the supporters, this study found survivors often sought help from their friends and female family members. Survivors report that these social network members were the most helpful at providing emotional support—the highest rated form of support for initial disclosure (Sylaska & Edwards, 2014).

In a follow-up study, Edwards and Dardis (2020) explore a similar query, except from the perspective of informal supporters, i.e., what makes it easier for supporters to respond positively to survivors? I include this study under the 'survivor-centered' heading because it defines supporter responses according to survivor evaluation, i.e., social reactions to disclosure are labelled either 'positive' or 'negative' based on survivor appraisal. The authors examined social

reactions to Intimate Partner Violence (IPV) disclosures, identifying patterns across emotional, relational, and individual factors.

Emotionally, positive reactions were tied to greater empathy for the survivor and distress felt by the ISs, though unmanaged distress could also lead to negative responses. Relationally, closer ties to the survivor and more distant ties to the perpetrator fostered supportive reactions, while weaker connections and higher perceptions of survivor responsibility were linked to negative responses. Individually, ISs with less accepting attitudes toward IPV were more supportive, while permissive views on violence and prior IPV victimization of the ISs increased the likelihood of negative reactions (Edwards & Dardis, 2020). The findings highlight the importance of addressing IPV-supportive attitudes, fostering empathy, and helping ISs manage their emotional responses effectively. Unsurprisingly, in both studies the authors cite 'expressing disbelief' and 'blaming the victim' as the least helpful reactions. If we look at these stigmatizing responses as examples of the influence of cultural values on help-seeking, these findings tie in with Ghafournia and Easteal's report.

In sum, Ghafournia and Easteal (2021) create a timeline for survivor help-seeking beginning with the survivor's attempts at ameliorating DVA and followed by a triggering moment(s) leading to a change in strategy from strictly internal intervention to an incorporation of external intervention. Adding Sylaska and Edwards's (2014) findings, we can assert that depending on a host of facilitating and hindering factors, many survivors eventually seek out social support.

Formal vs. Informal Social Support

The social support survivors seek can be divided into categories: formal and informal. Formal support describes professional and organized interventions for DVA, such as police, doctors, social workers, counsellors, shelters, and community agencies. Informal support consists

of social network members such as friends, family, colleagues, neighbours, and community members. Formal supports have often been the subject of research, which may be due to the accessibility of records and data, the need for evidence-based treatments, and the necessity of funding, to name a few. A prevalent finding across the literature is that the severity of the abuse significantly impacts the nature of reporting.

Research has shown that different forms of violence can elicit different help-seeking patterns (Ansara & Hindin, 2010). Ansara and Hindin distinguish between three classes of violence for women survivors: "Physical aggression," "Physical aggression, control, verbal abuse," and "Severe violence, control, verbal abuse"; and two classes for men survivors: "Physical aggression" and "Moderate violence, control, verbal abuse" (2010). The authors found that the severe and moderate violence classes for women and men, respectively, were met with higher involvement of formal supports, namely medical professionals and law enforcement. The next most common category of formal support was crisis centers and shelters—a finding specific to women. Men were more likely to reach out to lawyers (Ansara & Hindin, 2010).

In another study, Duterte and colleagues completed phone interviews to determine the characteristics of survivors who sought either medical or legal care for IPV, considering that these seemed to be the most common services for severe cases (2008). Women who sought medical care were more likely to be out of the abusive relationship and more likely to have experienced physical or sexual abuse in their childhood. Women who sought legal services were more highly educated and more likely to be employed full-time. Duterte et al. also distinguished between forms of violence and found that physical and/or sexual abuse was more often met with medical and legal intervention than psychological abuse (2008). They conclude their study with a recommendation to improve medical and legal responses to abuse, considering their crucial role

in formal intervention. This sentiment is reflected in most of the literature evaluating survivor help-seeking.

In *Surviving Domestic Abuse: Formal and Informal Supports and Services*, Michele Finneran includes excerpts from interviews with survivors of DVA, highlighting their experiences with social support. Finneran (2021) explores the effectiveness of various forms of formal support for survivors of DVA. They include law enforcement, mental health practitioners, medical providers, religious leaders, and the judicial system. Based on survivor suggestions, Finneran lists steps to improve the highlighted services. There is diversity in the prescribed skills, but they are each aligned with a TVIC philosophy. The participants wanted formal supporters to be better at listening to their stories, documenting their experiences, validating and challenging their concerns, and protecting them from harm. Survivors who felt more understood by their formal support provider experienced more satisfaction with the service. Competence and resource allocation were important factors, but ultimately, survivors wanted to be heard. This idea aligns with Sykaska and Edwards's "emotional support" finding.

According to most research on help-seeking, many survivors look to informal support before exploring formal support (Gregory, Williamson & Feder, 2017; Latta & Goodman, 2011; Sylaska & Edwards, 2014). Much of the relevant literature on ISs involves systematic reviews and meta-analyses of help-seeking behaviours amongst survivors, ISs responses to disclosures of DVA, and common characteristics of ISs. Few studies involve direct contact with ISs to assess their personal experiences.

Peer Support

Peer support is a more ambiguous intervention which does not fit into the two main categories of support (formal vs informal). Sarah Fister conceptualizes peer support in her capstone project (2022). The key characteristic of peer support is that it brings together survivors

of DVA. It can be set up hierarchically with a mental health practitioner acting as a facilitator, thereby functioning as formal support—as it involves a professional. Alternatively, peer support can be fully operated by the survivors themselves, who could take on roles as mentors and mediators. This is more of a self-help group, thereby functioning as informal support.

Fister explores social capital and how it functions as a protective resource for survivors. Many survivors find themselves subject to social isolation as a means of perpetuating abuse (Fister, 2022). Survivors often report feeling alone, and building a sense of community through networking is usually essential for positive outcomes. Social capital helps to conceptualize the effectiveness of both informal and peer support for survivors.

Given its underlying mechanisms, can peer support be adapted for ISs? According to the literature I examined, emotional support and social networks are foundational to survivor wellness. As we gain a clearer understanding of some of the struggles their supporters face, it would be helpful to expand the research to involve ways we can *support the supporters*.

Supporter-Centered Work

This second category of the broader literature I wish to highlight considers the experiences of ISs. Gregory, Williamson, and Feder's 2016 study involves a robust review of 24 articles highlighting outcomes for ISs. The authors identify impacts to physical health, psychological health, direct impacts from the abuser, and even beneficial impacts on psychological well-being. These impacts were specific to the degree of support being provided by the ISs, as well as the severity of the abuse. In many ways, the wellness of ISs fluctuated per the distress of survivors. ISs' wellness was also affected by their histories of abuse and their relationships with survivors. Many of the articles cited by Gregory and colleagues pertained to severe instances of DVA involving homicide, so issues like PTSD, grief, and new caregiving

roles impacted the results. Regardless, Gregory, Williamson, and Feder's findings are useful in providing dimensions for future research into the individual experiences of ISs.

One main limitation of their study, however, is that they do not explore the firsthand experiences of ISs. A landmark paper that addresses this gap is Latta and Goodman's 2011 article detailing qualitative interviewing of ISs. Their result was a grounded theory on the subjective experiences of participants. Support can be visualized as a series of processes starting with ISs' awareness of the violence followed by assigning personal meaning to the violence. The ISs then define their roles and responsibilities with regards to the violence. Finally, they decide whether and how to engage accordingly. This final stage provides a good opportunity for further research into resources that help ISs develop a support plan—should they choose to engage.

Although Latta and Goodman's research gets closer to representing the nuanced experiences of ISs, much like the existing literature, they approach the topic from the best interests of strictly the survivor of DVA. Their study answers how we might understand ISs' behavior in order to mobilize them to act more appropriately in support of survivors instead of balancing the best interests of both parties. One method of promoting the interest of mutual wellness includes community-based programming.

Community Programs

For this study, I worked with a Muslim Support Agency, The MSA, that aimed to address DVA in the local Muslim community through the creation of a peer-support program for ISs. The MSA has, historically, been focused on culturally responsive and community-led care for Muslim families facing the effects of DVA. While their work has broadened to support the Muslim community at large, their roots lie within DVA intervention. As such, they have defined and refined the support they have available in targeting this growing issue. One such program was developed and disseminated around two years ago to provide psychoeducation and social

support for ISs. The program involved signs for noticing DVA in a loved one, steps for checking in when ISs become concerned, recommendations for responding to disclosure, notes on looping in formal supports, and culturally informed mnemonics and diagrams.

Many other community agencies have similar mandates to The MSA with varying approaches to addressing DVA within the Muslim community context. Heart to Grow is a Chicago-based organization developing literature on and programming for the reproductive health and violence needs of Muslim communities. Through their collaborative and participant-led research, they develop and share evidence-based programs and proposals for policies and practice standards (HEART to Grow, n.d.). Their framework for addressing sexual violence disclosures within both formal and informal settings was evaluated by researchers for The Hurma Project (Mohajir & Qureshi, 2019). The Hurma Project is another faith-based initiative that platforms Muslim scholarship on violence and abuse across levels within the community. The research shared on this site promotes collective responsibility and accountability for community members, especially those holding positions of power such as faith leaders (Hurma Project, n.d.).

Aside from academic writings, other agencies raise awareness of DVA through grey literature, such as blog posts. Nisa Foundation and Sakeena Canada each have blog pages on their websites highlighting prevalence rates and psychoeducation on DVA, tips for providing informal support to survivors, and links to donate to their community efforts (Irfan, 2024; Nisa Foundation, n.d.-a). Nisa Foundation also provides DVA training for service providers, community members, educators, and elementary and high school students (n.d.-b). While each of these organizations is doing necessary work in addressing DVA within the Muslim community, there are few evaluations of the programming they provide and fewer protocols for replicating such programs in other agency settings.

Gaps in the Literature

My review of the literature underlined some key lacunae. First, few studies explore the individual experiences of ISs. Fewer studies look at developing resources that promote the wellness of ISs. The existing research also shows that racialized communities are at risk of falling through the cracks—so to speak (Hyman et al., 2009; Okeke-Ihejirika, 2020). One such community is Muslims, a recently growing population in North America. Due to recent experiences with immigration (be it direct or indirect), when it comes to DVA, Muslims are a particularly vulnerable population. Some studies have found that immigrants have a harder time accessing support for DVA, but not enough research is done (Giesbrecht et al., 2024; Guruge et al., 2020; Wachter et al., 2020). Within an already stigmatized position, there are further obstacles to care for Muslim newcomers who may be less knowledgeable and/or trusting of the formal supports available (Ghafournia & Easteal, 2021; Milani & Leschied, 2022). The privilege of formal reporting and positive intervention is not afforded to many survivors and supporters alike, leaving them to rely solely on their relationships for support. For newcomers, this issue is exacerbated if they do not have many social networks to lean on due to their relocation or displacement from their country of origin.

In exploring the experience of Arabic-speaking newcomer Muslim ISs, many of whom participated in The MSA's peer-support program, I was able to identify strategies for improving support capabilities and overall wellness. Given that many instances of DVA go unreported by survivors, we must focus on the people who *do* provide the first response to help ensure that they are taken care of appropriately. Ultimately, there is plenty of research pointing to the importance of ISs in the issue of DVA and evaluating the support they provide to survivors, as well as recommendations for improving said support. There is not much being said about ISs' direct experiences of receiving disclosure and how they define support to begin with. After all, how can

we expect to support supporters if we do not have a basis of understanding what that term even means to them? In collaborating to create a mutual understanding of support, I was able to work with participants to come up with a few strategies for creating effective programs that can empower ISs in their roles.

Chapter 3: Methods

I have carefully chosen my methodology for this study in alignment with a theoretical framework informed by my preliminary research and positionality. I use this chapter to explain such elements as well as detail my recruitment process, collection strategy, and method of analysis.

Theoretical Framework

I formulated my theoretical framework by consulting various resources and drawing inspiration from relevant research. Key theories include:

1. **Ecological/Symbolic Interactionist Role Theory**: Examines DVA disclosure from a systems perspective, addressing how internal and external factors impact help-seeking.
2. **Feminist-inspired/Survivor Theory**: Refutes the helpless "victim" narrative and explores the influence of gendered supports, such as why survivors seek help from female friends.
3. **Process Models/Trans-theoretical Model of Change**: Suggests that as circumstances and awareness change, survivors will seek to mitigate DVA through help-seeking behaviors.

These frameworks guided my research, emphasizing a strengths-based, humanistic, and culturally informed lens. I focused on the strengths and resources survivors can access, aiming to

convey resilience by labeling them as "survivors" rather than "victims." This approach also highlights the importance of informal supporters (ISs) and their role in mitigating DVA.

In our investigation of the factors that create and sustain Informal social Support(ers) (ISs), we operated with the assumption that people are driven to support one another in the community, even when they do not have external incentives like monetary compensation or career development—as is the case with formal support. Throughout my preliminary research we can see this willingness to help through the statistics on frequency of ISs reporting and with reported attendance rates at peer education programs like the one hosted by our collaborator, The MSA (Edwards & Dardis, 2020; Gregory, Williamson & Feder, 2017; Sylaska & Edwards, 2014). ISs interest in resources that can support them in their role, as well as the very existence of their role speaks to a shared humanity, and I aimed to reflect this sentiment throughout my engagement with this research.

Finally, working with The MSA, which is established within and collaborates with the community we worked with, allowed for, and necessitated a culturally informed perspective. I aimed to work alongside participants by holding space for *them* to highlight their needs from institutions, instead of imposing my agenda on what may or may not be helpful. Working "alongside" is suggested by Ratnam and Drozdzewski who stipulate researchers must be careful not to over-impose or under-impose themselves on communities, but rather work to move *with* participants to come to a common understanding (2021). This is especially the case when working with vulnerable populations.

While I worked to maintain equity throughout my work, I recognize my privileges as a researcher. I hoped to maintain accountability to myself and my team through regular progress meetings and reflective journaling. During the initial stages of this study, including conceptualization and data collection, I met up with my research team and/or members of The

MSA multiple times. My interactions with participants involved unrecorded debriefings where they shared their experiences of contributing to the research. During analysis, I maintained a reflective journal with a total of six entries. This helped me monitor my assumptions as I worked to contextualize my findings within the dominant society/culture of the participants.

I should also note that my first-person reporting in this paper is intentional. The interpretations of the data are my own and are informed by my lived experiences and subjectivities. I do not believe that I have explored an objective reality in my research or that I, an 'objective observer', researched my 'subjects'. As Laura Brown writes "claims of 'objectivity' made by some in psychology are, when closely examined, no more than the subjectivity of the dominant group (or person) proclaimed as a better subjectivity." (Brown, 1997, p. 450). To remove the notion of objective research, I seek to reduce its manifestations in my writing, i.e., third person reporting and using the passive voice.

I believe that I have received a subjective experience that is dependent on the space and time in which my study was conducted and that in reporting on this experience from the first-person, I am "allow[ing] tensions, nuances, complexities, confusions and unclear thoughts to remain and allow[ing] for a movement between intellectual and intuitive or other non-objective forms of knowing and thinking" (Davies, 2012, p. 747). Operating from a place of subjectivity is an important principle in the study of any population, but specifically when employing a culturally informed, interpretive approach to working with marginalized communities.

Recruitment

The methods I have employed in this study align with my theoretical framework and have been approved by my research supervisor and staff from our partnering agency, The MSA. Before participants were recruited, all study procedures were approved by Western University's Research Ethics Board (Appendix A). For recruitment, The MSA provided our participant pool

with the following inclusion criteria: Muslim women supporting (or who supported) someone actively experiencing DVA, Arabic-speaking, self-identified newcomers, over 19 years of age, living in Ontario. These criteria were decided based on the goals of the study as well as conversations with The MSA, who identified their primary audience as such. We worked together to create posters with an accompanying audio component for accessibility. The final product was a recruitment video made available in both English and Arabic. The MSA shared the materials with their community participants through the messaging platform: WhatsApp. Community members were encouraged to share the material with their networks, which allowed us to gain participation through snowball sampling.

Data Collection

I employed a mixed-methods approach with an iterative design, influenced by Latta and Goodman's 2011 paper proposing a grounded theory for ISs experiences. I adapted this approach using reflexive thematic analysis (RTA), emphasizing the researcher's role in shaping themes (Braun & Clarke, 2020). This method allowed for a cohesive amalgamation of results to inform ISs programming/support.

I drew inspiration from Corbin and Strauss's 2008 text on theoretical sampling, positioning the researcher as a "detective" following clues without presuppositions. Data collection and analysis occurred concurrently, allowing for investigation and discovery. I used NVivo to code survey responses and focus group transcripts, starting with 50 aggregate codes and narrowing them down based on my research questions. This blended inductive-deductive approach facilitated a comprehensive analysis.

We split up data collection into two stages. Stage one involved a survey developed by my research team and The MSA staff to collect quantifiable data, such as descriptive statistics (Appendix B). The survey had a total of 30 questions, including 4 demographic questions, 16

multiple choice or select all that apply, and 10 open-ended questions. Each question containing choices included an "other" category where participants could share an option that was not listed. Participants were required to complete consent before filling out the survey; afterwards they were able to choose which questions they responded to (see Appendix C for letter of information and consent). The survey was sent out to about 185 participants and received 94 responses before closing. It was used to get a brief idea of salient topics to incorporate into later interviews/focus groups, and it was also used to gauge interest in the second phase of the study.

Stage two involved follow-up meetings in the form of 1:1 interviews or focus groups of 3-4 participants. My colleague led the interviews and I conducted the focus groups. My focus groups had a total of seven questions regarding the support-seeking process, providing support, as well as receiving support (see Appendix D for focus group prompts). I should also note that, given the recruitment pool, many participants were involved in The MSA's peer-support program for ISs and were, thus, asked about their experiences of it. Members who shared an interest in joining a focus group were contacted via email and were given options to join. Based on response numbers and preferences, I held 3 virtual focus groups via Zoom. Once groups were confirmed, I provided participants with a copy of the letter of information and consent (Appendix E). There was compensation—a $20.00 Walmart electronic gift card—for participating in the follow-up meetings. The semi-structured, qualitative focus groups allowed participants to expand on their survey responses to explore the process of becoming ISs and to define what it means to provide and receive social support. My prompts were informed by the content that came up during phase-one, and the group setting allowed participants to build on one another's responses as well as network and collaborate to make suggestions for ISs programming at The MSA. A total of ten participants took part in the focus groups (see Table 1: Focus Group Participation below for breakdown of involvement in the focus groups).

Table 1: Focus Group Participation

Focus Group Number	Participant ID	Language of Participation
Focus Group One	P1	Arabic, English
	P2	Arabic, English
	P3	Arabic
	P4	Arabic
Focus Group Two	P5	English
	P6	Arabic
	P7	Arabic
Focus Group Three	P8	English
	P9	English
	P10	English

Note. Participant demographics and contextual details (e.g., number of women supported, relationship to survivors, etc.) were not explicitly collected during focus group recruitment to facilitate participant comfort and privacy. Participants had choice in what they shared and were only asked about their experiences of providing and receiving support within their roles as ISs.

For both the survey and focus groups, my sampling approach was largely one of convenience within a purposive population (Corbin & Strauss, 2008). As detailed, I recruited from a specific community agency's network and participants had to meet the inclusion criteria we set with The MSA. For the follow-up meetings, participants self-selected to volunteer their participation. Following survey participation, respondents were offered a link they could copy and paste into their browser, where they could sign up for the interview or focus group (Appendix F). The MSA also sent out this link separate from the survey recruitment, so that participants did not have to complete the survey to participate in the meetings. We also separated the links to preserve anonymity, so that survey responses could not be connected to follow-up

meeting registration—the latter of which required identifying information. Although the focus groups were not anonymous, once they were transcribed, I de-identified responses to maintain confidentiality.

The mixed-methods, two-phase nature of this study allowed me to benefit from the structure of the quantitative survey method and the flexibility of the qualitative focus groups. With the first stage set as a survey, I started my research by compiling a relatively large volume of data so that I could more easily observe trends. The next stage allowed me to truncate my data set to inform my semi-structured focus groups. While the focus groups were inspired by the survey, they were not limited by researcher questions. In this stage, participants had the opportunity to veer off and share what the survey had missed. These methods complemented each other as the focus groups allowed for more nuanced findings while maintaining some structure from the survey.

Data Analysis

In line with a mixed-methods approach, I worked to employ an iterative design. One study that has largely influenced my proposed methodology is Latta and Goodman's 2011 paper proposing a grounded theory for the experiences of ISs. Since there is not much literature on ISs within the context of DVA, I thought that it would be beneficial to develop a framework that could be used to support future research. While Latta and Goodman consolidate their findings into a theory, I wanted to see how I might adapt this approach to my work. A reflexive thematic analysis (RTA) seemed the most in line with my theoretical values and goals.

RTA is an approach championed more recently by Braun and Clarke to emphasize one's role as a researcher (i.e., interpretations, subjective lens) in shaping themes (2020). This can be useful when working with sensitive topics like DVA, where researcher positionality often matters. RTA allowed me to develop a cohesive amalgamation of results that could be used to

inform ISs programming/support, while maintaining fluidity and subjectivity, unlike a theory. The result was a framework involving an operational definition of informal support based on the definitions and experiences shared by participants. This interpretive approach can inform support provision across contexts and provides a foundation for future research. In line with this model, data collection and analysis have bidirectional influences.

In terms of strategy, I drew inspiration from Corbin and Strauss's 2008 text titled *Basics of Qualitative Research (3rd ed.): Techniques and Procedures for Developing Grounded Theory*. In their chapter on 'theoretical sampling,' Corbin and Strauss position the researcher as a "detective" going with the flow of information and following clues without a presupposition of where they will lead (2008). Despite its name, theoretical sampling is not about participant selection but about concept construction. The responses of my first set of participants did not inform my *selection* of my next set of participants, but rather the general ideas I gleaned from my first focus group informed the semi-structuring (i.e., questions I posed) of the next group. Data collection and analysis almost happened concurrently, allowing for investigation and discovery. As I developed concepts and raised questions during analysis, I had the freedom to fine-tune subsequent data collection to inform themes and answer my queries.

I plugged in the survey responses (for the open-ended questions) and the focus group transcripts into NVivo. I initially read everything and created some overarching themes, then I went into the software to do some deeper coding. I started with about 50 aggregate codes (parent and child codes) and then narrowed them down based on my two research questions. As I synthesized my codes, I came up with two themes for my first research question and six total themes for my second research question, which I divided into two parts. I began with an inductive approach, careful not to over-impose pre-existing frameworks and let themes become apparent to me. I later deductively refined the themes according to my two research questions.

This blended inductive-deductive approach was made possible by my incorporation of different pattern-based approaches (grounded theory and reflexive thematic analysis)—a norm in qualitative analysis. In essence, my methodological process can be summed up into 3 I's: *I*nterpretive, *I*terative, and *I*ntegrative.

Positionality

Since I am a visible Muslim woman, my faith is a salient feature for me and those who perceive me. My Muslim identity has been a central component of my upbringing. I was raised by practicing Muslims, attended an Islamic school for 12 years, and have been wearing the *hijab* (Islamic head covering) for more than half of my life. I have witnessed many of the hardships that Muslims face in non-Muslim spaces and experienced some first-hand. A lot of these difficulties have much to do with assimilation. My Muslim identity intersects with my position as the daughter of Arab immigrants. All my peers during elementary and high school shared similar identity markers of "Muslim" and either "child of immigrant(s)" or "immigrant." Although we largely existed within a space of shared identity, i.e., Islamic school, outside of that context we did not have much access to culturally sensitive support for the struggles that come with being Muslim and a (relative) newcomer. Some examples of these concerns include fitting into one culture while trying to hold on to that of your extended family, defending values and practices that are misrepresented in the media, and seeking help from systems that are inaccessible at best and discriminatory at worst.

When we consider the increased rates of immigration from Middle Eastern and North African (MENA) regions due to geopolitical crises and the volume of those immigrants who identify as Muslim, a marginalized community in Canada, we can begin to map out the layers of difficulty that such communities may face during their immigration process. As a country that prides itself on multiculturalism, part of the efforts towards integration should include the

interpersonal (and in fact, systemic) crises that newcomers face which are exacerbated by the move (often itself a traumatic process).

I include myself in the "Arab-Muslim newcomer" identity despite being born and raised in Canada, as living in diaspora distinguishes my experience from that of someone whose family has been here for generations. I should note that despite identifying as a newcomer, I hold many privileges that allow me to navigate institutions with more ease than someone unaccustomed to living in this country. Being born and raised here has granted me proficiency in the national language and streamlined my academic trajectory, for instance. Regardless, I feel that by virtue of being a second-generation Canadian, I too am a newcomer in many ways. Despite my own parameters of what it means to be a newcomer, I extend fluidity of identification as an "Arab-Muslim newcomer" to my participants. My role is neither to define what it means to be an Arab-Muslim newcomer, nor to establish the accuracy of someone's self-identification.

When facing an issue like DVA, Arab-Muslim newcomers are more at risk due to lack of support from families left behind and from systems that were not built with us in mind. Even with trauma and violence informed care and multicultural counselling practices, social determinants of health in migrant Muslim populations pose barriers to support, for example, language and socio-economic status (Guruge, 2019). The sensitive, and often private, nature of DVA paired with the collectivist values practiced across MENA regions, intensifies the stigma associated with reporting making it even more difficult to reach out to formal support (Milani & Leschied, 2022).

Various survivors throughout my life have confided in me, first looking toward their social networks and only later, if ever, reaching out to formal supports like hotlines, shelters, and police. It was hard to know that I may have been the only person they disclosed to; harder still, feeling like there was little I could do to help at an informal capacity and wishing that I could do

more. As I stated in my review of the literature, there is abundant research highlighting the value of formal social supports for survivors of DVA, but the research shows that these are not the initial intervention for survivors. Thus, we must work to address the real 'first responders', the Informal social Supporters (ISs). While I am glad that we are paying more attention to an issue as prevalent as DVA, we need to extend our investigations to ISs who often provide a first step to seeking formal support. Such investigations should involve an exploration of ISs mental health and psychoeducation to effectively mitigate outcomes for survivors and supporters alike.

Chapter 4: Results

This study aimed to explore the experiences of Informal social Support(ers) (ISs) for survivors of DVA. Within this goal are two primary objectives. The first was exploring the support-seeking process, i.e., how ISs become aware of a potential need to provide support. The second was to consider how ISs define support. This chapter will include a summary of some key findings, from both the survey and focus group responses, about how ISs perceive the process by which survivors seek their support, as well as how they define support in the first place (see Appendix G for a chart of themes/subthemes).

Support-Seeking Process

Understanding the support-seeking process from the perspective of ISs offers critical insight into how they navigate disclosure and assistance. Unlike formal support systems, which follow structured intervention protocols, informal supporters—such as friends, family, and community members—engage in nuanced, interpersonal interactions that shape the survivor's experience of seeking help. This section examines the characteristics of ISs and their role in the support-seeking process, specifically through two primary avenues: noticing and disclosing.

While disclosures of DVA serve as a direct call for support, many ISs report relying on meticulous observation and relational attunement to recognize signs of abuse even in the absence

of explicit disclosure. By analyzing survey responses and focus group discussions, I explore how ISs identify, respond to, and facilitate support for survivors, highlighting the connections between relational closeness, trust, and interpersonal skills in shaping these interactions.

Characteristics of Informal Social Supporters

To understand the support-seeking process, we first need to characterize our key players. Our survey was designed to collect some descriptive statistics for the ISs who participated. This provides a frame of reference for the results of the focus groups where participants had a chance to explore, in their own words, which characteristics they felt were relevant to the support-seeking process.

Of the 90 participants who completed the survey, 46% reported being 35-44 years old, and 24% reported being 25-34 years old. The remaining participants' ages were as follows: 16% were between 45-54 years, 5% were between 18-24 years, and 4% were above 55 years old. Length of residence in Canada varied, with 7% having lived in Canada under 2 years, 24% for 3-5 years, 61% for 5-10 years, and 7% for over 10 years. Regarding citizenship status, most participants were either Canadian citizens (66%), permanent residents (27%), or refugees (6%), while only one participant reported being here on a student visa. Syria was the most frequently reported country of origin, accounting for 54% of participants (see Figure 1: Participant Countries of Origin below for breakdown of countries of origin).

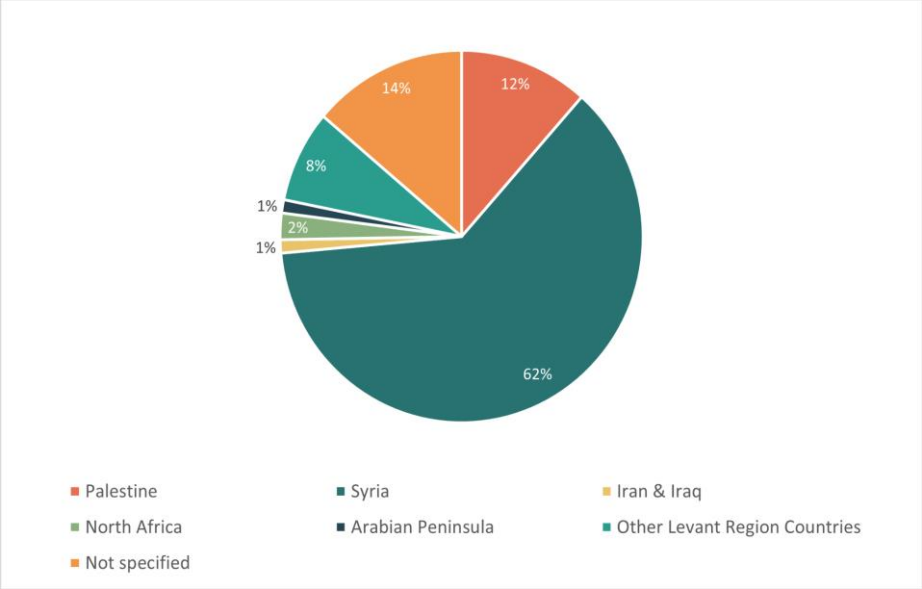

Figure 1: Participant Countries of Origin

In terms of volume and frequency of support, 62% of participants reported supporting 1-2 women, 19% reported supporting 3-5 women, and 8% reported supporting more than five women. The remaining 11% accounts for participants who reported supporting no women. Most participants supported women across 3-5 interactions (52%), while 27% offered immediate, one-time support, 24% offered long-term support, and 13% supported women across 5-10 interactions. This question offered participants the chance to select more than one response to account for variations in frequency of support for participants who supported more than one woman, so the total percentage of responses to this question exceeds 100%.

Relational Characteristics

Along with the demographic element, characteristics of ISs include a relational component as well. When asked about what they thought facilitated a DVA disclosure, participants cited a host of factors, which I organized into three categories: closeness, interpersonal skills, and trust. Although these factors intersect with one another, I have separated them into distinct sub-headings to structure this section on the relational facilitators within the support-seeking process.

Closeness

Closeness describes both relational closeness and physical closeness or proximity. Our survey shows that 63% of participants provided support to a friend, 22% to a neighbour, and 19% to a sibling. As I mentioned earlier, an ISs's relationship to a survivor is a critical piece in understanding the support-seeking process. Closeness marked by relational knowledge—as is the case with friends, siblings, and perhaps even neighbours—was the more frequently employed definition of the term (i.e., when participants said that they were 'close' to a survivor, they meant relationally):

> Friends, family members... [I] wouldn't imagine […] supporting someone who was a stranger […] because like, usually people you don't know wouldn't accept advice or anything about their lives, from you. So [I] thinks that this is more related to family and friends.

While most participants argued that relational closeness facilitated disclosure, others claimed that it might create a hindrance, i.e., more relational distance to an ISs made it easier for a survivor to disclose. When asked if they have ever supported strangers, one participant stated:

> So [my] job was in the health sector[1], but [I] did visits to home. And [I] noticed, well, when [I] was doing those visits, that usually women back home, when they meet someone and only for one visit, they are more comfortable to share, like what is going on.

The other facet of closeness was accessibility or proximity. This made "closeness" increasingly precarious to define as the data seemed contradictory. On the one hand, participants shared that increased proximity to survivors facilitated disclosures, as is the case with supporting neighbours, for instance. Participants also shared that survivors who had relatives living outside of the country would often reach out to them (the ISs) instead, if they were living in the same community or participating in the same activities. Thus, while relational closeness was often cited as a cause for disclosure, in some instances, physical closeness took precedence:

[1] Please note that this participant clarified that she was not a mental health worker, and therefore was not visiting homes to provide formal support for DVA disclosure. Thus, her status as an ISs remains.

There was this nice lady. She used to live at the farm, like in London, like, very outside London. […] she used to tell me she's not happy with her husband and stuff like that. […] We have seen each other at the playgroups like maybe five, six times, but only playgroups. So, we don't know each other personally. […] I think also because she cannot find anybody to listen to her, because she doesn't have lots of friends

The matter of proximity becomes further complicated when we consider technology as an equalizer. ISs identified social media disclosures as a means of support-seeking, whereby survivors would post their DVA-related concerns on a site in hopes of accessing support from the comfort of their own home:

Many specialists on social media like they're receiving some questions about domestic abuse, and […] like many women, put their questions there so they don't have to go anywhere. They don't have to go to organization and instead they can get information.

Furthermore, on the survey most participants reported providing support remotely (74%). This provision of 'remote support' can be divided between women living abroad (57%) and women living within Canada (17%). Local support within Canada was also identified as a context of support by 38% of participants, but ISs more frequently reported supporting someone remotely, either overseas or outside of their locale.

Interpersonal Skills

Aside from more circumstantial facilitators of disclosure, the character of the ISs themselves can either encourage or discourage a survivor from disclosing DVA. When asked why they thought a survivor reached out to them specifically and not a different network member, participants listed a set of traits they believed fostered a conducive space for disclosure. I divided these attributes into three main categories: active listening, asking questions, and respecting autonomy. I'll explore them briefly here, but we will dive into these concepts in more detail throughout my section on defining support.

Active listening is a key concept that will appear throughout this paper. We will continue to define it, but for now, active listening is as it sounds: providing a space for someone to speak

without interruption or judgment. Participants shared that when they were known by a survivor to be a good listener, they were more likely to receive a disclosure from her. One participant explained, “It made them feel comfortable to talk about it because they know I can listen.” Another participant shared a similar sentiment, “When you listen... People like to talk to someone who's listening.”

Unlike active listening, asking questions involves more input from the ISs and seems to show survivors that someone cares about them. Like active listening, however, asking questions creates a metaphorical (and sometimes literal) space for survivors to share their experiences. Some participants expressed that their questions could be a simple check-in:

> I asked them “how is your family, how is everything going?” […] And then she starts talking and feeling comfortable and […] telling me what's going on. So yeah, that's how I find out like that there is something wrong.

When asking questions, ISs are aware that they should not “pressure” or “push” for a disclosure. To facilitate a supportive presence, participants argued that they needed to respect survivor autonomy in disclosing, “[I] would give them their, like their chance [of] whether to answer or not. Like this is their decision, definitely at the end of the day.” In sum, ISs shared that their skills of listening actively, asking the right questions, and respecting survivor autonomy in what she shared contributed to receiving disclosures of DVA.

Trust

The term “trust” was mentioned 17 times across both the focus group and survey data. The factors explored thus far are ways that ISs and survivors might establish trust (e.g., through their relationships or the ISs’s character). To distinguish this section from the rest, however, I will define trust along the factors of (non)professional judgment and privacy.

I use brackets for (non)professional judgment because, ultimately, we are referring to ISs and not professionals. However, according to participants, a survivor might perceive their ISs as

having sound judgement, effectively building her trust in them. This trust in an ISs's judgment may come from their educational background and/or their own lived experience.

ISs who seemed to have training in healthcare fields (but who are acting here as ISs, not professionals) shared that their knowledge in such a domain encouraged disclosure from survivors. A respondent to our survey shared her experience of engaging with DVA in her profession:

> As a [healthcare professional] recently in my country. I have been in direct contact with many abused girls and women, and through my experience, I can say that many of them were fully aware that they were abused, but fear of society, customs and traditions, and the absence of a supportive family always made them unable to take any action.

This participant shared earlier in her response that she had received disclosures of DVA and had supported an extended family member and friend. While in this case, it is difficult to ascertain whether her profession was a factor in these disclosures, participants of the focus groups share the sentiment that having some basis of knowledge in a respected field (or holding a professional title) carried substance in the factor of trust. Referencing the earlier case of the participant who visited homes as part of her job, she shared, "They trust [me] because [I'm] coming from a trusted place."

Lived experience is another way that ISs might acquire (non)professional judgement. While only 10% of survey respondents disclosed having had a personal experience of DVA, and 17% said they were not sure, there are other ways that participants qualified relevant lived experience. One focus group participant shared:

> Sometimes she was telling me that "you are reasonable; you understood me. You understood what I'm going through." […] and the most important issue is that I know the one who abused her, and she was telling me that "you know him more than I know him."

Thus, a lived experience can refer to an understanding of the complexities of DVA (e.g., through a relationship to perpetrators or witnessing DVA) even if the ISs has not been on the receiving end of DVA herself.

Besides trusting judgment, when participants referred to trust in their responses, they spoke at length about protecting survivor privacy. They share that being entrusted with a disclosure involves an assumption that they would keep the survivor's 'secret', that they would not do anything to tarnish her social standing, and that they would not hold her in any lower regard than before disclosure:

> Okay, so [redacted] touched on trust. And also, like, when you believe this person would keep this secret and protect your privacy. Wouldn't spread, like what you […] disclosed, in the community […] those are really factors

A participant in a different focus group shared the following:

> Maybe to, to hear a disclosure it would take so long because, like, you need to build the trust and make her feel comfortable sharing with you. Also, like show her that like you can maybe protect her privacy and keep the secret.

The support-seeking process, as conceptualized by ISs, is a dynamic interplay of demographic and relational characteristics. This underscores the complexity of informal support networks, where personal relationships, cultural norms, and emotional intelligence intersect to create opportunities—or barriers—to support.

Noticing vs. Disclosing

This next section distinguishes between the two means by which an ISs might come to know about an instance of DVA, namely noticing and disclosing. Across the data, participants explained the complex interplay of keen observation and open communication between themselves and the women they supported. These two modes gave them information, either implicit or explicit, of an ongoing instance of DVA.

Noticing

Noticing was cited by participants as a key factor in the support-seeking process, and they suggested that noticing DVA happened more frequently than receiving disclosures of DVA from survivors. The data substantiates this claim with the term “notice” (and stemmed words like “noticing”, “noticeable”, etc.) being said 36 times across the focus groups. This count does not include synonyms for noticing such as ‘seeming’, ‘looking like’, ‘sensing/feeling’, ‘being able to tell’, and a host of others. One participant shared, “Sometimes, I notice. Like most of the time, you notice.”

ISs were able to make connections between observations of changes—in behavior, mood, and appearance—and an instance of DVA. Thus, the process of noticing involves a measure of emotional attunement. To know what is of ‘note’, an ISs reported needing a degree of knowledge of either the survivor herself, the typical signs of abuse, or, as in many cases for our participants, both.

> Actually, you notice if you're friends or you know this person, you notice it's not the same behaviour, it [has] an effect on her […] something changed, she's become not comfortable, not her character. So that's why, you can notice if you know the person. So, she's not okay. She's not the same. She become[s] something. You can notice even she does not talk.

Another participant stated

> Sometimes, like [I] would notice some signs, but [I] can't pressure [my] friend to speak and disclose. But [I] can see some signs that there's something maybe related to abuse.

Participants went on to highlight some of these signs, listing changes such as: social withdrawal, shifts in appearances/demeanor, depressed mood, and ‘suspicious’ topics of conversation (i.e., asking specific questions about the ISs’s romantic relationship, or making pessimistic remarks involving men). While many of these indications may come across as general knowledge, participants highlight relational knowledge as being formative in the support-seeking process.

Disclosing

Disclosure was the other facet of the support-seeking process, according to participants. The term "disclose" itself did not show up frequently in the focus group transcripts, but related terms such as 'express', 'speak', 'tell', 'talk', and other references to disclosure came up 36 times. I broadened what I accepted as evidence for 'disclosure' because although participants distinguished two methods of support-seeking, this was done more colloquially for disclosing than it was for noticing—which was explicitly mentioned.

On the survey, when asked whether another woman had disclosed experiencing DVA to them, 62% of the 77 participants who responded to the question said yes. Others said they had not received any disclosures (30%), and some reported being unsure (8%) of whether they had done so. When asked if they had provided support to women who had experienced DVA, most participants said yes (64%), some said no (22%), and others were uncertain (14%). It is important to note that a DVA disclosure was not a prerequisite for women to provide support, as several participants shared having supported women who did not provide a formal disclosure (i.e., upon noticing 'something was wrong').

While "noticing" still holds more references across the focus groups, disclosures were cited as formative in the provision of support. Many participants shared that while they may have noticed DVA, they were hesitant to intervene unless survivors disclosed it. They cited worries around misunderstanding narratives, responding ineffectively, and/or rupturing relationships. These reservations will be explored further in the next part but suffice it to argue that although disclosures were cited less frequently, they usually informed ISs involvement.

While noticing serves as an essential mechanism for ISs to detect potential abuse, many hesitate to intervene without a disclosure. Conversely, according to ISs, survivors may seek support based on factors such as relational status, perceived judgment, and assurances of privacy.

As we move forward, it is essential to consider how these concepts will inform the definitions employed by ISs in their understanding of informal support.

Defining Support

Now that we have explored the support-seeking process as told by ISs, we may turn to our next exploration: the exchange of support. I have opted to conceptualize "support" two-fold: what it looks like for ISs to provide support and what it looks like for them to receive support. Since my goal is to explore the experiences of ISs to inform how we might be able to support them, establishing an agreed-upon definition of support is foundational.

Although I divide this section into two parts, I find it essential to note here that the way ISs define the provision of support will be greatly linked to how they define the reception of it. As such, this portion of the chapter will involve drawing parallels between the processes involved in providing support and those involved in receiving support.

Providing Support

The provision of support was characterized as a nuanced process involving the nature of reporting (noticing vs disclosing), as well as a consideration of the type of abuse, the justification for involvement, and a host of other intersecting variables. Survey respondents were asked which types of abuse would garner their involvement. 77% reported that they would get involved if there was emotional abuse, 74% if there was verbal abuse, and 64% if there was physical abuse. The lowest ranked responses were spiritual (43%), financial (39%), and sexual (38%).

Another influence on the provision of support involves an ISs's reason for becoming involved. While the facilitators and barriers of providing informal social support fall outside the scope of this study, I will mention that many participants cited a sense of duty or obligation to provide support to survivors. This responsibility came from a pre-existing interpersonal relationship and/or relating to a survivor's circumstance. One participant shared:

So, you can't leave her. You can't leave; there is no way to leave her alone. No way. Because, you know here in Canada everyone is away from his family. From everyone, he's on his own, he has nobody to support [him]. And we Muslims feel like we can't ask [for] support from some associations that will help women, abused women because they are afraid that their family might be hurt. They might ask her to... Not ask her, they might take the children or issues like that. So, they keep away from asking for help from the associations because they feel afraid for their family. So, she's a friend. She's a close friend. You can't leave her alone. It's impossible.

There are many influential factors when it comes to providing informal social support. Once an ISs decides to proceed with involvement, however, there are a few ways this might actualize. We will explore three means by which ISs provide support: bearing witness, investigating, and offering solutions.

Bearing Witness

This can manifest in different ways, but at its core, bearing witness is to sit with someone in their hurt and let them know that they are not alone. It is distinct from the other strategies we will explore in that it does not involve movement to change a circumstance; it is simply listening to and creating space for survivors as they share and unload their burdens:

You are not the one who will find it [a solution]. She has to. She has to. She is the one responsible for it, to find out her way out. But my role is to […] give her light, the way she can go.

Bearing witness involves a series of practices, including but not limited to: active listening, creating space, and empathizing with survivors. Active listening involves a validating and non-judgmental stance. Participants defined it as sharing words of affirmation and gently challenging thoughts, but overall, active listening involves minimal feedback:

First, I listened to her. I tried to give her support […] I know she is a really good woman and at first, I just listen. I try to listen [to] her. That's the first thing she wanted. She just needed someone to listen to her. That's important for her.

Creating space involves listening, but before that, ISs will “check in” with survivors. The space they create can be metaphorical by opening a conversation with survivors, allowing them to share. The space can also be more literal, with ISs inviting survivors to their homes for sweets

or giving them their contact information and encouraging them to reach out. Whatever the case may be, creating space allows ISs to platform their support. Instead of the onus falling solely on survivors to seek help, survivors extend their compassion to lessen the pressure:

> At the beginning, like it's a key thing to have, like, to assure the victim and open a safe space. And [I] put two lines under safe because […] when you make her feel safe, she would disclose what's going on. She would maybe speak more about the barriers, challenges. And then […] all of this would you create like a solid foundation to a good support.

Empathy can facilitate this process further, “I can feel for her, I can relate, because everyone here […] they don't have extended family.”

Investigating

Many participants shared exploratory means by which they supported survivors. Investigation refers to helping a survivor explore her options. It is also a means by which supporters might cater their support by inquiring about certain details, “I can't give solid support if I didn't know all these details, and in the first place, I open up a safe space for her.” Some participants shared that they practice the act of investigation to determine if survivors are being truthful in their disclosures.

> [I] would be hesitant [about providing support] if [I] felt like the one who's telling the story or disclosing, there's something in the story [that] really seems wrong […] when [I] said something wrong, [I] meant maybe lying. So it happens like a woman, like tells a story, and then the second day, [I] saw her, like, walking with her husband, and everything seems fine. And also, the other thing, when she create this story for a reason in her mind, to get benefits maybe from the government or like to get a paper or evidence to get certain benefits, financial benefits.

Some shared that investigation reassures them that their provision of support will not ‘backfire’:

> There's always two sides of the story. Maybe he's not so bad. Maybe they just need to deal with each other in a different way. Or they just need a little bit help in talking, communicating with each other. But when you just respond to the girl and say, 'well, I can't believe he did this,' I think that triggers it more. Like she'll get more mad. She'll go and do something bad when she goes back home. Do you know what I mean? […] Like, you can make it worse, and it doesn't need to be that bad. Especially if you don't know the other person. Maybe it's just miscommunication there.

Despite some negative connotations, investigation can still be fruitful for survivors when the investigative process focuses on explanations and options, as opposed to story verification. When ISs explore and narrow down a survivor's course of action, the abuse is no longer an undefined mass of concerns; it seems more clear:

> I can, make it more clear for her because, you know, the one who is in the storm can't see what's going on around him. So, she is someone who is in a big storm and she's unable to see the full vision of what's going on. "What's the problem?" "Why is that?" So maybe you can help her to make the vision more clear for her so she can understand what's going on. […] when you understand what's going on, then you can have your way out. It's not easy to find a way out, but at least you can try to. Now you understand, because the most important issue with violence, […] with issues of this one is you don't understand. "Why is that?" "What's going on?" "What did I do wrong?"

Offering Solutions

Another common means of providing support, according to ISs, was offering solutions. When offering solutions, ISs are compelled to support survivors in making changes and seeing movement in their circumstance. This category broadly involves calls to action through advice-giving and recommending formal supports.

Survey data shows that besides 'active listening', which was reported by 72% of respondents, 'giving advice' was the second most popular support strategy with 51% of participants reporting this method. "Advice" was divided into types including: personal advice (based on cultural values, religious beliefs, social norms, etc.), legal advice (Canadian laws, legal processes, etc.), advice surrounding public resources (women's shelter, crisis lines, etc.), and suggesting actions that a survivor should take next. Of these options, personal advice was the top rated (57%), suggesting course of action came in second (49%), while legal advice was the third rated (37%).

Offering solutions is a stand-alone method but was often listed as a successor to the aforementioned (i.e., once ISs bore witness and investigated, they went on to offer solutions).

Often, a solution-focused approach was defined as offering survivors personal advice. This manifests as general comments like “enough is enough” or “do more for yourself,” but could also be tailored further, “I just help her like, I give her advice and give her my opinion, what she should do, what she should not do.” And ISs present their suggestions according to their audience:

> This is really different when family supports you because like they gave you those advices maybe in a shape of an order and putting pressure on the victim. […] with a friend, like you can tell her maybe your opinion, her mistakes, but in a gentle way that she wouldn't maybe feel that you're stressing her out.

Outside of personal opinions, ISs also reported the importance of involving professionals, particularly when they did not know the survivor personally:

> for people [I don’t] know or not close to [me… I] would offer kind words and also resources like where they can seek support or where they can go. […] I can give those general advices, but maybe not really offer close support.

Another participant said, when asked what it means to provide support to a survivor of DVA, “Guide them [to] the correct place where they can seek accurate information.”

The provision of support by ISs is a complex, layered process influenced by the type of abuse, how it is disclosed or noticed, and the ISs’ perceived responsibility to intervene. While some ISs engage by simply bearing witness, others take a more active role by investigating or offering solutions. These approaches reflect varying degrees of involvement, with each strategy carrying potential benefits and limitations for all relevant parties. Now, we will consider how ISs can be supported in these various support-giving strategies.

Receiving Support

The final portion of this study, and arguably the most quintessential, is how ISs define the reception of support. There is plenty of research pointing to the importance of ISs on DVA, evaluating the support they provide to survivors and recommending improvements for said

support. Unfortunately, there has not been much exploration into ISs' experiences of receiving disclosure and what supportive strategies might support *them* in their roles. In other words, I conclude by reiterating and expanding on our definition of support by exploring what it looks like for ISs to receive it. We will list three means by which ISs receive support: fostering connections, building confidence, and navigating barriers.

Fostering Connections

This section pertains to the role of community-building in supporting ISs. If bearing witness was how ISs supported survivors, fostering connections is how the community at large can support ISs. One way this can be accomplished is through peer support programming. One of the purposes of this study was to help our community partner evaluate their peer support program for ISs of survivors of DVA. When asked explicitly about The Muslim Support Agency's (The MSA) program, survey respondents shared a multitude of positive reviews:

> It was excellent and supportive with useful ideas, and the team that facilitated the sessions treated us very well.

> It was more than wonderful; I learned new information and how to deal with cases of domestic violence against women, and I got to know other participants in the group and exchanged experiences.

When asked about peer support programming more generally, ISs shared that it served as "emotional [and] psychological support" and a hub where participants could "exchange views." Peer support and community-building strategies allowed ISs to feel more "confident," "helped [their] mental well-being," and taught them to "support [them]self":

> These are groups where friends and peers provide support and show understanding and empathy through sharing experiences, exchanging ideas, and solving problems using the collective wisdom of the group members

One participant detailed the mechanism by which peer-support is effective:

> People who have been through the experience of recovering from mental health issues or substance use disorders are the best advisors to those currently struggling. Peer support provides

people who have lived experience with the opportunity to share their narrative and life lessons to help others struggling on a similar mental health or addiction pathway. Peer support takes on a multitude of forms, from informal group settings to more structured programs with "peer professionals." In my line of work […], I have a front-row seat to the almost indisputable evidence showing that peer support is effective.

Just as a survivor may find it helpful to have someone around to make them feel less alone, ISs shared the notion that they thrive in spaces that remind them that they, too, do not have to take everything on by themselves. Initiatives that bring supporters together in a less formal way than a peer-support group are also possible:

During the year, the month of Ramadan, they [a community agency] invited us for a fundraising dinner, like we pay for tickets, and all goes to the women in need. And they invited us to come for dinner for Ramadan, and then they talked to us about the shelters and stuff like that. I was planning on going last Ramadan, but it didn't work out. Because I said it was a good opportunity. Like same time donate money, and same time gain information about what's going on, like how this place works. Inshallah, I'm planning on going maybe next year. Yeah, it was a good idea actually […] it was my friends who send it to me

Fostering connection is about reminding ISs that there is a community of like-minded people who can share strategies and burdens of support, effectively alleviating the more taxing and, at times, isolating aspects of informal social support.

Building Confidence

While community-building can contribute to ISs' confidence, that is not its primary function. This section focuses on self-confidence and how it can ameliorate some of the reservations ISs have around providing support. One such concern, according to 49% of survey respondents, is a lack of knowledge. Many focus group participants also cited apprehensions around getting involved with survivors when they did not have enough information to go on:

[I need] more and more knowledge [and…] support like in the way [I] can share information with victims because most of the time they are scared and [I] wants to learn more. What is the best way to approach them in this case.

For some ISs, this education is self-directed.

Well, I'm very interested in such issues. I always read books about things like that, and I feel like it's very important to, to be well educated in this. These mental issues, psychological issues, and whatever. So, I read a lot and a lot of books about this issue. And I'll be happy if you offer me some books to read […] if you offer me more books of this kind, I'll be so happy to know about them.

For others, this education is provided by community agencies. When asked what they learned from The MSA's program for ISs, participants shared:

I learned, for example, you can't give your decision. The first important [is] to respect another one; what he decides […] You just respect, you just listen. You can't complain. More and more, I think [I gained] information. I like it when I receive it from them.

[I] really gained information from [The MSA] about forms of abuse. What is really abuse? How to recognize it. […] before that program, [I] thought that only hitting is abuse. And [I'm] hoping maybe for [The MSA] to continue in this program and reach out to more people.

It was a good experience where I learned a lot of skills, how to deal with all forms of abuse, how to provide help to women experiencing abuse, and how to focus on my personal life and protect myself and my home, in case something happens in the future.

By equipping ISs with supportive strategies and a knowledge of DVA, we enhance their sense of capability. We might even promote a self-concept where they can integrate their position as informal supporters, "I feel that I can be a safe haven for someone who sought my help and a positive member of society." When ISs do not have a reservoir of tools and information, they begin to worry about making matters worse for survivors. This can impede the support-seeking process as well as the provision of support itself. They also do not feel confident in their self-protective tools and strategies, arguing that:

[I] need more education and awareness, maybe about the system in Canada, how it operates, how it processes things. […] even for people, newcomers, who have been here for eight years, [we] miss some stuff about the law, about the system. And [we] feel maybe [we] will feel very empowered in case [we] have been educated about those topics […] ignorance in the law and system create fears for women.

Building confidence involves elements of education and integration. Knowledge is power, and when ISs are better able to navigate resources and information on DVA, they are better able to reconcile disclosures while maintaining an empowered sense of self.

Navigating Barriers

The final way we can support supporters is through an exploration of how they might be able to navigate the barriers that accompany informal social support. This section involves a delicate interplay of distancing behaviours, which involve looking outward beyond oneself, and self-caring behaviours, which involve looking inward within oneself. ISs have a responsibility to balance their safety, privacy, and reputation. Much like survivors are mindful of their disclosures, ISs are hyper-aware of the impacts of providing support to their livelihoods. Some participants have cited fears of harm from perpetrators or a risk of having their involvement bleed into their personal lives and relationships:

> Like, if let's say I help my friends and she's in trouble or she has any kind of problems, that it won't like reflect on me or influence me, like I will have the same problem with my husband. Or just like that... [another speaker pitches in] It will open your eyes, open your eyes to be mad at something. When usually you don't get mad. I think that's what she means.

ISs are also mindful of how over-involvement might tarnish their reputation in their communities, "[I am] hesitant because sometimes [I] get the, this idea maybe about, like, in Arabic we say [Arabic] or the woman who ruin homes or families or broke families." This allusion to being perceived as a 'home-wrecker' was a common concern for many of the focus group participants. This is where distancing behaviours might come in as a protective strategy for both ISs and survivors:

> When [I] feels […] not any more able to give support or provide support, [I] would maybe link the victim to one of the organizations. [I] would offer like a program, like the one [I] attended with [The MSA].

Navigating barriers might involve calling for reinforcements in the form of formal support. It is also critical that these formal supports maintain the mutual interests of the survivor and the supporter. When asked what formal supporters could do to support them, ISs reported that maintaining their privacy was pivotal, "In case [I] provided the victim with the resources, [I]

want those organizations or like service providers to keep [my] privacy and never tell anyone that [I'm] the one who referred her."

Along with the careful consideration of their physical and social safety, ISs are also tasked with the responsibility to maintain their emotional and mental well-being: In these cases, distancing behaviours, like redirection, are not the only option ISs have to mitigate the challenges of providing support. When asked how they practice 'self-care' after a DVA disclosure, participants shared a host of activities such as: "go for a walk," "watch a movie/show," "meet a friend," "deep clean the home," "listen to music," "read," "pray," "practice gratitude," and "shop." Self-compassion was another strategy employed by some ISs as self-care:

> It's a key thing not to feel guilty about the support [I] provide because, like, this is [my] capacity. This is what [I] can do at the moment and [I] shouldn't blame [my]self if [I] couldn't do more. […] Yea, [I] wouldn't put pressure on [my]self.

Understanding how ISs receive support is vital in ensuring that they can maintain their roles as informal supporters of DVA survivors. Support for ISs is multifaceted, encompassing the fostering of meaningful connections within peer networks, the building of confidence through education and knowledge-sharing, and the navigation of personal and systemic barriers to safeguard their well-being. According to their reports, ISs thrive when they feel supported, informed, and protected. By acknowledging the emotional and practical challenges they face, we contribute to a more resilient, interconnected support system that benefits both the supporters and the survivors they support.

Discussion

This study was conducted to consider, through a reflexive thematic analysis, the experiences of Informal social Support(ers) (ISs) of survivors of Domestic Violence and Abuse (DVA). Through the quantitative analysis of a participant survey and qualitative analysis of

follow-up focus groups, I identified some core themes, which were described in the previous chapter. This chapter will allow me to further interpret and examine these themes as well as contextualize them within the existing literature on this topic.

Support-Seeking Process: Becoming Aware

Beginning to position my findings within the broader research, I should highlight that one study made some foundational contributions to the concepts and themes I have shared in my results. Latta and Goodman's (2011) exploration of informal network members' experiences has many applications to my interpretations. The first stage they highlight in their grounded theory is the process of 'becoming aware'. This step describes how ISs come to know of DVA. In my study, I have found this to be the 'support-seeking process' and divided it into the phenomenon of noticing and disclosing.

I thought it necessary to distinguish between these two processes of becoming aware as participants seemed to experience them distinctly. I should also note that the act of noticing is more significant than a simple observation. While noticing involves the process of observation, it is a unique form. When a participant notices abuse, they are actively engaging with a survivor. After all, we can *observe* a host of stimuli, but to *notice* requires relational attunement, a desire to help, as well as knowing what changes in demeanour, mood, wellness, or thinking can mean for a person. Disclosing is where paths diverge. This process, as I have understood it, begins to seep into what Latta and Goodman call 'developing a narrative' (2011). In my work, disclosing remains a component of becoming aware.

Closeness, a facet of disclosure, is another concept Latta and Goodman consider. I have found an interesting dynamic between the variations of closeness, which the authors define as physical proximity and emotional closeness (Latta & Goodman, 2011). While physical closeness (or proximity) can be facilitative, according to my findings, it does not emerge as a sole means

by which we might bridge the *distance* between ISs and survivors, there are also technological methods (e.g., social media). Emotional closeness, which I refer to as relational closeness, plays a stronger role in the act of disclosing (Edwards & Dardis, 2020). This is likely linked to trust, which was another critical foundation of disclosure.

The significance of the three relational characteristics of ISs (closeness, interpersonal skills, and trust) can be further contextualized within the cultural values of participants. Most of our participants have operated within collectivist cultures, where reputation holds a critical value in acceptance and belonging (Baobaid & Ashbourne, 2016). Thus, it makes sense that despite accessibility, so long as both parties can trust one another to maintain their social standing (whether this be evaluated through closeness, interpersonal skills, or some other means) they can find a way to connect. I will continue to explore closeness and cultural values, but for now, consider how the act of 'becoming aware' lends itself to the provision and reception of informal support, which I will define now.

Defining Support: Akhafaf

As I analyzed my data, an Arabic term became increasingly salient in my mind, helping me organize my interpretation of how ISs define support. *Akhafaf*, a term shared by participants when asked what it means to support a woman experiencing DVA, can be defined in this context as '[to] lighten a [heavy] load'. Participants shared their roles as being the agents of akhafaf: the ones who would help relieve survivors of their burdens. Akhafaf is a versatile concept when we think of the many ways in which we can make a load lighter for someone. I will apply this framework to the themes I explored in my results section.

We shall begin with what it means to provide support. One way in which an ISs might support a survivor is by sharing some of the load with them. When bearing witness, an ISs might relate to someone's experience and connect with their pain. This act can be critical in fostering a

sense of safety. Pair this with active listening, which can bring about a DVA disclosure as well as provide an effective tool for support, and ISs have the means to lighten a survivor's load by splitting it with them.

Another way to lighten a load is by sorting through its contents. Investigating allows ISs to inspect a survivor's experience of DVA, helping to 'clear' some of it. Like a criminal case, investigating can provide ISs and survivors with answers and explanations. While it does not 'solve' the issue of DVA, it can provide a basis for navigating it. My allusion to criminal cases is intentional. Some participants shared that they were apprehensive to support when there seemed to be inconsistencies in a survivor's story, or they assumed ulterior motives for a disclosure (e.g., financial benefits). While questioning survivors in the pursuit of verifying their claims is not evaluated as a supportive strategy (Edwards & Dardis, 2020), when ISs use investigation to explore a situation to tailor their approach, they can lighten the load by organizing and perhaps more efficiently distributing it.

The final way an ISs might lighten the load for survivors is by removing parts of it. When offering solutions, ISs take on a more proactive support role, which involves offering a course of action to address DVA. A solution-oriented approach, however, is not exclusive of a validation-oriented approach like bearing witness. The two often work in tandem, doubling the effects (i.e., sharing the load and removing parts of it) to promote akhafaf.

Receiving support can also be conceptualized under the idea of akhafaf. Remember that the way ISs define support connects to their dispensing as well as their reception of it. Like bearing witness (which involves lightening the load by sharing it), when we look at fostering connection as a supportive strategy for ISs, it lightens the load by splitting it across a larger number of supporters. Instead of an ISs bearing the burden of support alone, a network of supporters might band together to uplift one another in their respective roles.

Another tool involves building confidence, which supports ISs through access to relevant information and education. Like investigation as a strategy in helping survivors sort through their proverbial 'load', building confidence lightens the load for ISs by teaching them how to do the sorting in the first place. It relieves them of additional pressures of non-maleficence, i.e., concerns about acting prematurely and making matters worse due to a lack of sufficient information.

Navigating barriers is yet another way that ISs might lighten the load by lightening their own load. After all, support cannot be allocated from an 'empty' source. If ISs are not 'refilling their cups' so to speak, efforts to provide support to survivors are futile. Navigating barriers refers to the protective strategies ISs employ to mitigate any harm arising from their role.

Supporting Supporters

I will now provide some groundwork for extending my results beyond this study by exploring how the themes of receiving support can mitigate obstacles in the process of becoming aware and providing support. This allows me to center my findings on how we might support supporters within the wider literature on DVA and informal support. There are many factors that ISs must consider before supporting survivors of DVA. This section involves three main considerations: cultural influence, emotional capacity, and competence.

Cultural Influence and Fostering Connection

Considering the nature of this study and my focus on the experiences of ISs with non-dominant identities, a non-Western cultural influence became a pertinent factor to explore. In their 2024 study, Ko and Park organize South Korean perspectives on intervening in intimate partner violence (IPV). Cultural norms played a significant role in shaping the provision of informal support for IPV survivors, particularly in societies like South Korea, where privacy and maintaining honor are highly valued. In my study, many participants, similarly, shared reluctance

to intervene in others' domestic issues due to fears of social backlash and emotional turmoil, especially if the situation were to escalate.

Participants emphasized worries about social perceptions and highlighted a need for the protection of privacy. Cultural norms and related concerns, however, tend to be less influential within close relationships (Ko & Park, 2024). ISs were more willing to intervene when the survivor was a family member or friend, especially in situations perceived as serious and/or when they felt confident in their ability to make a positive difference. Thus, fostering connection within a community could mitigate qualms in a few ways. Ko and Park's findings suggest that while cultural norms influence intervention behaviors, related factors like the perceived closeness of the relationship, severity of the situation, and societal structures also play critical roles (2024).

Creating a sense of closeness between network members can work to diffuse fears of becoming involved in a case of DVA. It manages divisive social structures that breed distrust and isolation. Fostering connection addresses concerns about negative perceptions such as splitting up families and 'wrecking' the home through involvement by building relationships beyond superficial judgements. Although there are ways that cultural factors may hinder informal support, a culture focused on community works to facilitate it.

Competence and Building Confidence

ISs' sense of competence in the provision of support is imperative. McMahon and Dick's 2011 study shows that ISs are more likely to intervene when they feel like they know what they are doing. The authors evaluate the experiences of male-identifying participants in a program for bystander intervention against IPV. In this study, participants expressed a need for open spaces to discuss the issue of violence and abuse and build strategies with peers. They stressed the importance of training programs to increase awareness and methods for providing support.

McMahon and Dick (2011) hypothesized that bystanders became apprehensive about intervening due to doubts about their effectiveness or fears of failure once they learned about the ways that informal support could go wrong.

To address these barriers, the authors propose that bystander education programs should offer tailored, progressive learning, i.e., providing basic information for beginners and advanced skills for experienced participants (McMahon & Dick, 2011). Emphasis on concrete, actionable strategies, specific language, and tools for safe intervention can boost confidence and efficacy, effectively empowering individuals to take informed action in addressing IPV. I extend this proposal to include that programming for ISs should work to uplift and encourage supporters. Across my data, ISs shared fears of saying or doing the wrong thing. Empowerment is the way forward, focusing on the good they can do, and the power of being emotionally attuned and sharing good will with survivors.

Bird and colleagues similarly evaluate training protocol for ISs in their 2024 study. They use a behavioural change model as a framework for their suggestions. They argue that intervention strategies should target the capability, opportunity, and motivation (COM) needed for the provision of informal support. Current materials often focus on basic knowledge, including risk factors, warning signs of abuse, and the impact on survivors, as well as guidance on providing emotional support and referrals to specialist services. While such training can equip supporters to recognize abuse and offer informal support, gaps remain in addressing ISs' emotional preparedness and practical self-care strategies, which are critical for sustaining helpful, long-term support. The authors argue for comprehensive training that not only educates but also supplies informal supporters with the skills and emotional resilience to respond effectively and safely to DVA.

Despite naming ‘self-care strategies’ as an important consideration in developing psychoeducation programs for ISs, like many of their predecessors, these researchers seemed to be operating exclusively in the best interests of survivors, as opposed to searching for a mutually beneficial intervention. Their suggestions are positioned to improve ISs capacity for support, not to mitigate potential risks of supporting. In one section, they also detail the potential of ISs to make matters worse for survivors by intervening (Bird et al., 2024). This issue certainly warrants attention, however, considering the finding by McMahon and Dick (2011), this information may thwart ISs from providing any support at all. Bird et al.’s study (2024) also does not name the potential harm to the ISs themselves, should they choose to provide support, such as compassion fatigue and vicarious trauma, common sequelae among helpers (Taylor et al., 2018). Although many researchers provide pivotal considerations for the development of robust ISs programming, practical suggestions for addressing the emotional toll of informal support are largely absent.

Tailoring psycho-educational programming for ISs enables and empowers them to get involved. Many ISs take it upon themselves to research and learn about DVA. While this is a noble endeavour, it is not enough. If we want to contribute to their efforts, we must continue introducing materials that make information more accessible to ISs. Information highlighting the modes of support-seeking and different types of abuse, correcting common misconceptions, and emphasizing self-care following disclosure and intervention, to name a few.

Emotional Capacity and Navigating Barriers

In their exploration of disclosure recipients’ social reactions to DVA disclosures, Edwards and Dardis (2020) consider the pertinence of emotional response in the provision of informal support. When ISs experience empathy and concern for a survivor, they are more likely to offer comfort and assistance. The recipient’s distress, while sometimes facilitative, may also pose a barrier to support if it manifests as frustration, anger, or a resurfacing of one’s trauma.

These emotional responses may drive ISs to prioritize alleviating their discomfort over supporting the survivor, resulting in less constructive reactions.

To improve the quality of informal support, the authors argue, interventions should aim to help supporters process their emotional distress in adaptive ways, enabling them to focus on the survivor's needs and maintain positive, supportive interactions during disclosures (Edwards & Dardis, 2020). The limitation here is that the researchers seem to acknowledge the importance of exploring supporter distress, but only with the express intention of platforming survivor needs. Even this acknowledgement is rare in the relevant literature, which is scarce in evaluating actual tools and techniques that would be effective in supporting ISs with their emotional distress.

A recent systematic review of the literature on informal supporters for IPV survivors did not find any articles highlighting how ISs mitigate the risks associated with their role through self-care strategies (Davies, Rice & Rock, 2023). Often, researchers explored ISs experiences and interventions intending to improve outcomes for survivors. While this is not a bad thing, I found it crucial to shine a different light on the matter. One that centres the voices of the supporters and platforms their emotional experiences.

Formal social supporters, such as counsellors, are encouraged to seek counselling and other supportive strategies, not only because they make us better practitioners but because they make us better people. I would not want my practice to negatively impact other facets of my life and other relationships. For ISs, this is even more critical because, unlike formal supporters, they do not have offices they can leave or timesheets they can sign out from. Their roles are more intimately intertwined with their personal lives. By exploring their definitions of support not only in terms of support provision but also its reception, we begin to teach ISs to tend to their own needs just as they tend to others'. While we want to empower and enable ISs to show up for the

survivors in their lives, we need to remain mindful that they still have to show up for other people, like their children, their partners, their parents, and themselves.

Conclusion

Domestic Violence and Abuse (DVA) is an issue that affects many communities across the world. As a result, social support agents and agencies have worked diligently to understand and limit its impact through various tactics. My study offers one such strategy: to support the Informal social Support(ers) (ISs) who survivors initially reach out to. In this chapter, I consider how my findings might be applied outside of my work by exploring implications, limitations, and directions for future research, and sharing some personal reflections.

Implications

My research offers several important implications for both practice and future research in the context of DVA and the role of ISs. My work highlights a need for more comprehensive understandings of support—not just for survivors of DVA but also for the ISs who play a critical role in their experiences. By framing support as a multi-directional process (seeking, providing, and receiving), I seek to advocate for systems that consider the well-being of both survivors and their support networks. Understanding support as lightening the load, or through the concept of *akhafaf*, provides a holistic framework for applications of my findings.

In terms of practical application, there are a few ways my findings can be extended past the realm of research and academia. A look into the experiences of ISs provides robust and rare data that can inform training and resource development within formal structures that target DVA. ISs' emphasis on fostering connections underscores the power of community-building as a tool for resilience. My findings suggest that peer support programs and community gatherings can alleviate the isolation often felt by ISs, creating a shared space for mutual empowerment. The identification of knowledge gaps and confidence issues among ISs suggests that targeted training

programs, like the peer-leadership program hosted by our community partner, could be invaluable. Finally, as we discover the increasing challenges of the emotionally laborious work that is informal support, we must shift our focus to self-care and how ISs can better implement it. ISs programming should focus on equipping its audience with communal spaces, practical skills and knowledge, and coping strategies to handle disclosures effectively while protecting well-being.

Such programs can be framed as a preventative approach of sorts. If we look at the matter from the perspective of the ISs, their platforming of psychoeducation and information as methods for receiving support alludes to their desire to prevent harm. Refer to my earlier comment on ISs functioning as first-responders to DVA. Naturally, this would position the programming they seek as first-responder training aimed at preventing further harm to survivors. Paramedics, for example, are not taught to prevent injury in the first place; they are taught to prevent *further* injury or more critical outcomes. Thus, having a program in place for ISs can be thought of as preventative, not of DVA, but of further harm to survivors.

This is the stance of much of the literature on bystander training, however. I sought to extend this idea by positioning adequate training and support as necessary for the prevention of harm to the ISs themselves. This framing makes research into ISs even more necessary, as we know that prevention is the ultimate intervention. Perhaps by creating more programming for ISs and involving them in the support process, we might get to a point where we *can* prevent DVA itself by eradicating some of the conditions necessary for its perpetuation, i.e., apathy. To encourage informal involvement, we must help people understand that the role of an ISs is not just ‘not formal’ but ‘real-life’. As such, it is critical to platform ISs roles as advocates, confidantes, and witnesses, and to embed these learnings into community-led programming and psychoeducation. We have a lot to learn from how ISs facilitate disclosures, given that they are

generally the first to receive them. As mentioned earlier, formal supports can use this research to find ways to incorporate ISs into their outreach and intervention strategies, effectively redefining ISs' roles.

This work could shift how policymakers and practitioners view and integrate informal work into broader domestic violence intervention strategies. Even without directly involving ISs in formal supports, institutions could learn to employ strategies that have fostered disclosures for ISs. Given that this study was completed as a master's thesis for a Counselling Psychology program, I will note its implications within this discipline. Counsellors can use my results to inform their work with various underserved communities, like the one I worked with on this project. Within our respective practices, we can focus on strategies for building a sense of closeness and trust or connecting interpersonally with disenfranchised communities who are frequently failed by formal systems. My findings on navigating barriers, such as concerns over privacy, personal safety, and social stigma, also highlight the need for formal organizations to develop protocols that protect ISs while supporting survivors. This could include confidentiality policies for referrals, as well as offering ISs access to counseling and resources. Overall, this research suggests a paradigm shift where supporting supporters becomes an integral part of addressing DVA more comprehensively.

Limitations and Directions for Future Research

Given the collaborative and community-led nature of this study, I needed to refine my inclusion criteria, limiting the diversity of my sample and, therefore, reducing the generalizability of my results. I want to note that generalizability was not an outcome of interest for my research, but I still find it important to indicate as a limitation. I employed a convenience sampling model within a purposive population for my data collection, which was strategic in

targeting participants with specific knowledge or experience but also carried notable limitations. This sampling process can introduce bias and may limit the variety of perspectives gathered as it involves recruiting from a pool of individuals who are likely to provide rich and relevant data. My sample may not fully capture the breadth of experiences within the wider population of ISs, meaning that important voices could have been overlooked.

As for the confines of my study, although my goal was to achieve a comprehensive understanding of the experiences of ISs, there was no definitive point at which I was certain that all relevant perspectives had been explored. While one might consider the notion of "data saturation" from theoretical sampling as an end point for collection, this seems an entirely arbitrary designation. Saturation occurs when the researcher determines that there is no longer new information to collect; that the themes and resulting theory have covered all phenomenon that could emerge (Corbin & Strauss, 2008). I would argue that additional themes could be observed should a researcher endlessly continue data collection. Since this is logistically impossible, however, a more logical explanation for the cessation of data collection may be highlighted, i.e., limited resources, time constraints, researcher fatigue, etc. Therefore, my data collection was restrained by my limits as a student-researcher, as well as the constraints of my sampling method.

Unforeseen limitations arose during data collection. I anticipated some attrition due to the two-phase nature of my study: survey data collection followed by focus group recruitment. Theoretically, the benefits of honouring participant agency and working more intensely with a smaller number of participants seemed to outweigh the risks of losing some interest in the study during the transfer between phases. The reality was that I received a much smaller sample size

than I had planned, with a total of 10 focus group participants instead of the 15-21 I expected to manifest from the volume of survey responses. Focus groups were also difficult to navigate in vivo as many participants spoke exclusively in Arabic and depended on live translation. While this was fruitful for a host of reasons (e.g., accessibility, inclusion, and cultural sensitivity), it limited my ability to engage more fully with participants by asking them to elaborate on certain ideas and fine-tuning my questions to incorporate their verbiage, for example.

Despite its shortcomings, my research provides a basis for further exploration of the support ISs desire and require to maintain the pivotal role they hold in the DVA landscape. Future investigators can use my framework as a scaffolding to explore a variety of ISs subgroups and to look into the dynamics of DVA informal support within different cultural contexts. There is room to continue to study how intersecting identities (e.g., gender and immigration status) influence the support process for both survivors and ISs. Other identities might be considered through researchers' work with a variety of disenfranchised ISs networks in a variety of contexts. I worked with Arabic-speaking Muslim newcomer women, but another study might look at a different sub-sect of the newcomer population, or male-identifying ISs of DVA, for example. ISs operating under alternative contexts might be included in future research, e.g., young informal supporters of adolescents experiencing dating violence or informal supporters for those experiencing elder abuse. Additional research may also focus more on the long-term effects of providing informal support, like vicarious trauma and compassion fatigue, and further strategies for mitigating such emotional tolls. Future studies might also work to address the limitations of my study. Researchers interested in this topic could broaden their sampling method and increase their recruitment efforts for a more diverse sample. More broadly, a substantial increase in research exploring the individual experiences of ISs, in their own right, is necessary to continue

developing strategies, such as community-building, education, and self-care, to empower them in this role, as well as to propagate the conversation on how we can work to support supporters.

Unexpected Findings

One major influence on my interpretations was my pre-existing knowledge and assumptions around DVA and informal support. While I worked to maintain an open mind throughout my research, I was still surprised by some of my findings. First, participants did not highlight threats to their reputation as much as I expected. Having been raised in an individualist country with strong ties to my collectivist background, I expected that participants with deeper ties to collectivist spaces would share more evidence of fears around their social standing should they provide informal support. What I found was that reputation was *a* consideration but not *the* consideration in providing informal support. In light of this evidence, I wonder if responsibility to others, another value within collectivist cultures, took precedent for participants, counteracting their worries around the stigma of DVA and any social repercussions for intervening.

The second surprising finding involved participants' apprehension to support when there seemed to be inconsistencies in a survivor's story. My 'investigation' theme evoked a negative reaction for me as it created friction with my personal values. Initially, I did not want to highlight this response as it seemed to go against the empowering message of my research. However, in engaging with the concept more thoughtfully, I feel that I was able to incorporate this finding in a way that maintained my theoretical frameworks while honouring my participants' experiences. Investigation may be a contentious strategy for support, but because this study aims to platform the experiences of ISs, in their own words, it is important to highlight their evaluations of what is helpful, without chastising their attempts. Investigation is admittedly a double-edged sword, but it can be helpful for survivors and supporters alike when we approach it with grace and understanding.

Ultimately, it was exciting to witness the differences and similarities across the experiences of Arabic-speaking Muslim newcomer ISs. I learned that despite sharing many identity markers with my participants, we each hold unique lived experiences. I went into this project thinking of myself as an insider researcher. As I analyzed the data, I had moments of feeling like an outsider. By the end, I have found myself caught somewhere in between. There was a shared language between myself and my participants, given our similarities, but had I not listened closely for the unique dialects and accents of their experiences, the whole message would have been lost in translation. In my role as a counsellor, I find myself doing a similar balancing act, learning the languages of my clients, despite knowing the words. When we give people opportunities to share their individual meanings, we enrich our work together to create mutual understanding; walking alongside clients instead of ahead or behind them. Nurturing this mutual understanding is foundational when it comes to supporting supporters, and in doing so we change the world, one chain at a time.

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Appendices

Appendix A: Ethics Approval from the Research Ethics Board

Western Research

Date: 29 August 2024

To: Dr. Susan Rodger

Project ID: 124873

Study Title: Working in the London Muslim Community: Peer Supporters for Women Experiencing Gender-Based Violence

Application Type: NMREB Amendment Form

Review Type: Delegated

Full Board Reporting Date: 06/Sep/2024

Date Approval Issued: 29/Aug/2024 22:02

REB Approval Expiry Date: 24/Jul/2025

Dear Dr. Susan Rodger,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Survey - Arabic Translation	Translated Documents	28/Aug/2024	1
Survey LOI - Arabic Translation	Translated Documents	28/Aug/2024	1
Interview and Focus Group Recruitment - Arabic Translation	Translated Documents	28/Aug/2024	1
Recruitment Script - Arabic Translation	Translated Documents	28/Aug/2024	1
Recruitment Poster - Arabic Translation	Translated Documents	28/Aug/2024	1

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Dr. Trevor Bieber, Research Ethics Officer on behalf of Dr. Isha DeCoito, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B: Informal Supporter Experience Qualtrics Survey

Peer Support for Women Experiencing Domestic Abuse

Start of Block: Demographics

Q1 What is your age?

- 18-24 years (1)
- 25-34 years (2)
- 35-44 years (3)
- 45-54 years (4)
- 55-64 years (5)
- 65+ years (6)

Q2 How long have you been in Canada?

- Less than 1 year (1)
- 1-2 years (2)
- 3-5 years (3)
- 5-10 years (4)
- 10+ years (5)

Q3 What is your country of origin?

_____

Q4 What is your status in Canada?

- ○ Canadian citizen (1)
- ○ Permanent resident (2)
- ○ Work permit (3)
- ○ Refugee (4)
- ○ Student visa (5)
- ○ Other: (7) _____

End of Block: Demographics

Start of Block: Providing Support: Overview

Q5 Have you ever had a woman disclose to you that she has experienced domestic violence?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q6 Have you provided support to women who have experienced domestic violence?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q7 If yes, in what context have you supported these women? (Select all that apply)

- ☐ Locally, within Canada (1)
- ☐ Remotely, within Canada (2)
- ☐ Remotely, abroad (3)

Q8 How many women have you supported since you began providing informal support?

_____

Q9 How frequently do you offer support to each woman experiencing domestic violence? (Select all options that best reflect your level of support)

- ☐ Immediate, one-time support (1)
- ☐ 3-5 interactions (interaction examples could include a phone call, a walk, or a lunch invitation) (2)
- ☐ 5-10 interactions (3)
- ☐ Long-term support (4)

Q10 How would you rate your comfort level with providing support to women who experience domestic violence?

	Not comfortable at all (1)	Not very comfortable (2)	Somewhat comfortable (3)	Comfortable (4)	Very comfortable (5)
Comfort level (1)	○	○	○	○	○

End of Block: Providing Support: Overview

Start of Block: Providing Support: Actions

Q11 What is your relationship to the individual(s) you support and/or have supported in the past? (Select all that apply)

- ☐ Parent (you are the parent supporting your child) (1)
- ☐ Child (you are the child supporting your parent) (2)
- ☐ Sibling (3)
- ☐ Extended family member (4)
- ☐ Friend (5)
- ☐ Neighbour (6)
- ☐ Coworker (7)
- ☐ Other: (8) _____

Q12 In your experience, what does it mean to support a woman who has experienced domestic violence? (Select all that apply)

- ☐ Giving advice (1)
- ☐ Exploring options (2)
- ☐ Confronting the abuser (directly or indirectly) (3)
- ☐ Active listening (4)
- ☐ Sharing information and resources (5)
- ☐ Involving formal supports (police, social workers, etc.) (6)
- ☐ Accompanying them to access formal supports (7)
- ☐ Praying for them (8)
- ☐ Offering financial support (9)
- ☐ Providing shelter (10)
- ☐ Other: (11) _____

Display This Question:

If In your experience, what does it mean to support a woman who has experienced domestic violence? (... = Giving advice

Q13 Since you chose 'giving advice' in previous question, which advice do you typically provide to women experiencing domestic violence? (Select all that apply)

- ☐ Personal advice (based on cultural values, religious beliefs,, social norms, etc.) (1)
- ☐ Legal advice (Canadian laws, legal processes, etc.) (2)
- ☐ Advice surrounding public resources (women's shelter, crisis lines, etc.) (3)
- ☐ Suggesting actions they should take next (4)
- ☐ Other: (5) _____

Q14 Based on your knowledge, what happens when a woman visits a shelter?

_____

Q15 Based on your knowledge, what happens when a woman goes to the police to report domestic violence?

_____

End of Block: Providing Support: Actions

Start of Block: Providing Support: Decision Making

Q16 When would you provide support? When a woman is being ____ abused. (Select all that apply)

- [ ] Financially (1)
- [ ] Physically (2)
- [ ] Verbally (3)
- [ ] Emotionally (4)
- [ ] Sexually (5)
- [ ] Spiritually (7)
- [ ] Other: (6) _____

Q17 Have you experienced any of the following obstacles when you have provided support to women who experience domestic violence? (Select all that apply)

- ☐ Financial burden (1)
- ☐ Lack of knowledge (of the situation or how to help) (2)
- ☐ Impacts on your mental health (3)
- ☐ Geographic distance from the woman you are supporting (i.e. living far away from them) (4)
- ☐ Threat to your reputation and/or status in the community (5)
- ☐ Threat to your personal relationships (6)
- ☐ Threat to your physical safety (7)
- ☐ Personal discomfort (8)
- ☐ Other: (9) _____

Q18 What concerns have you had when contemplating whether to provide or continue to provide support to women who experience domestic violence? (Select all that apply)

- ☐ Potential financial burden (1)
- ☐ Potential lack of knowledge (of the situation or how to help) (2)
- ☐ Potential impacts on your mental health (3)
- ☐ Distance from the survivor (i.e. living in a different area than them) (4)
- ☐ Potential threat to your reputation and/or status in the community (5)
- ☐ Potential threat to your personal relationships (6)
- ☐ Potential threat to your physical safety (7)
- ☐ Potential personal discomfort (8)
- ☐ Other: (9) _____

Q19 Do you have any concerns about providing support that were not highlighted above? Please elaborate.

_____

Q20 Can you tell us a bit about what encourages you to provide support to someone who experiences domestic violence? (E.g. sense of obligation, responsibility or concerns, personal experiences).

_____

End of Block: Providing Support: Decision Making

Start of Block: Providing Support: Personal Experience

Q21 Have you experienced domestic violence from a partner or family member?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q22 Do you think your personal experience with domestic violence (presence or absence) has influenced your willingness to support other women who are being abused?

- ○ Yes (1)
- ○ No (2)
- ○ Not sure (3)

Q23 How has supporting women who experience domestic violence impacted your overall well-being?

_____

Q24 Is there anything you would like to add about your experience as a supporter that was not covered?

_____

End of Block: Providing Support: Personal Experience

Start of Block: Providing Support: Resources

Q25 What are some resources that would improve your experience of providing support to women who experience domestic violence? (Select all that apply)

- ☐ Information on domestic violence and social support (brochures, pamphlets, booklets) (1)
- ☐ Skills trainings or workshops (2)
- ☐ List of supports for survivors (e.g. hotlines, counselling, shelters, etc.) (3)
- ☐ List of supports for yourself as a peer supporter (e.g. hotlines, counselling, etc.) (4)
- ☐ Peer support group (5)
- ☐ Other: (6) _____

Display This Question:

If What are some resources that would improve your experience of providing support to women who expe... = Peer support group

Q26 Since you selected "peer support group" in the previous question, please describe what a peer support group is to you?

_____

Q27 Have you ever participated in a program or workshop related to domestic violence and/or providing support to women who experience domestic violence?

- ☐ Yes, I took part in the [REDACTED] (1)
- ☐ Yes, I took part in a program or workshop not associated with the [REDACTED] (2)
- ☐ No (3)

Display This Question:

If Have you ever participated in a program or workshop related to domestic violence and/or providing... = Yes, I took part in the [REDACTED]

Q28 Since you selected "Yes, I took part in the [REDACTED], please describe your experience of the program.

_____

Display This Question:

If Have you ever participated in a program or workshop related to domestic violence and/or providing... = Yes, I took part in a program or workshop not associated with the [REDACTED]

Q29 Since you selected "Yes, I took part in a program or workshop not associated with the [REDACTED]" above, please describe your experience of the program.

_____

Q30 Have you accessed any other resources to help you support women who experience domestic violence? If yes, please describe the resource(s) and where you found it/them.

_____

End of Block: Providing Support: Resources

Start of Block: Closing & Focus Group/Interview Recruitment

Q31 Once we receive responses from the survey we are looking to conduct private, one on one meetings with a researcher (interviews), and host three group sessions with five to seven participants meeting with a researcher (focus groups). Would you be interested in participating in a follow-up interview or focus group exploring what it means to be a supporter to women experiencing domestic violence?

- ○ Yes, please provide me with the link with further information (1)
- ○ No (2)

Q32 **Please press the 'Next' at the bottom of the screen as your answer has not been recorded yet.** Thank you for your interest in sharing your experience with us! Your

participation is greatly appreciated by the [REDACTED] and the research team at Western University. Your responses will help us improve the center's programming and gain insight into the experience of peer supporters like yourselves within your community. We are grateful for your contribution! Given the sensitive information you may have shared, we encourage you to seek support should you feel any level of discomfort or distress. The following formal supports are available to you in English and Arabic: **Naseeha Mental Health**, for Muslims and non-Muslims in various languages (7 days a week, 24hrs a day) Helpline - Call or Text: 1 (866) 627-3342 Website: https://www.naseeha.org/ Virtual counselling available at reduced cost **NISA Helpline for Muslim Women** (7 days a week, 8am-midnight) Helpline: 1 (888) 315-6472 Website: https://nisahelpline.com/ 5 free mental health counselling sessions to Canadian residents following an intake appointment **Khalil Centre** (Mon-Fri 10:30am-4:30pm, Sun 10am-4pm) Phone: 1 (416) 901-2244 Website: https://khalilcenter.ca/ Virtual counselling available after an in-take appointment

---

Display This Question:

If Once we receive responses from the survey we are looking to conduct private, one on one meetings... = Yes, please provide me with the link with further information

Q33 Lastly, if you are interested in being contacted about participating in an interview or focus group please copy and paste the link below into a separate browser tab. This will open a separate survey asking for your contact information so we can be in touch with additional information and discuss scheduling. https://uwo.eu.qualtrics.com/jfe/form/SV_9FY0nh73ZxY0fMq **After copying the link and opening it in another tab, please press 'Next' on this survey one more time so the system can record your answers!**

End of Block: Closing & Focus Group/Interview Recruitment

Appendix C: Letter of Information and Consent: Survey

Project Title: Working in the London Muslim Community: Peer Supporters for Women Experiencing Gender-Based Violence

Principal Investigator:

Susan Rodger, Ph.D., C.Psych, Professor

Faculty of Education, Western University

[REDACTED]

Study Information

You are invited to participate in this study done in collaboration between Western University and the [REDACTED]. We are asking participants in the [REDACTED] to share their experiences of supporting women who are experiencing domestic violence, to learn about how we can improve the supports that are available for **domestic violence and abuse** survivors within this community. Recognizing the extensive network of community support that is already established, we are hoping to learn from your unique experiences and draw from your perspectives and ideas. The main aim for this survey is to identify how [REDACTED] can better support you! Additionally, Western is hoping to publish research on supporting *women experiencing domestic violence* in a Muslim community context.

This survey asks you about the support you have provided to women in your community experiencing domestic violence. The World Health Organization defines intimate partner violence, a synonym for domestic violence as behaviour within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours. We will also ask about your personal experience with domestic violence in your own life. You can skip any questions you do not wish to answer.

The survey will take 20-40 minutes to complete. Please know that your answers are anonymous and will remain **confidential**. Please be advised that the responses in Arabic will be translated by [REDACTED] but she will not know the identity of the persons completing the surveys.

At the end of the survey you will be asked if you would like to participate in either a focus group (online or in person) or an interview (online or in person). The Focus group will take approximately 90 minutes of your time, and the interview, about 60 minutes.

Your participation in this research is voluntary and confidential and will not impact your relationship with [REDACTED] in any way. If you volunteer to be part of a focus group or interview, [REDACTED] will be there to act as translator, where necessary, so she will know who is participating. [REDACTED] has signed a Confidentiality Agreement and has agreed to not share with [REDACTED] the identities of the women who participate in the research.

This study uses third-party software to assist with collecting and analyzing the data. Since they are third-party software, your confidentiality cannot be guaranteed, but researchers will put in place measures to help protect your information. Your informed consent, contact information, and surveys will be collected through a third-party, secure online platform called Qualtrics. Western's Qualtrics server is in Ireland, where privacy standards are maintained under the European Union's General Data Protection Regulation, which is consistent with Canada's privacy legislation. Please refer to Qualtrics Privacy Policy (https://www.qualtrics.com/privacy-statement/) for more details about Qualtrics information management practices.

Risks & Benefits

It is possible that people who support individuals who are affected by domestic violence can be at risk of being targeted if identified. To mitigate this risk we have confidentiality measures in place which are outlined in the 'Confidentiality of Survey' section below. Additionally, some questions may be sensitive in nature as they relate to your relationship with domestic violence in the form of being a support to those experiencing it, as well as potential personal experiences. As this is sensitive information you may decline to answer any or all questions without penalization. If you decide to disclose personal experiences of domestic violence it is possible that you may feel distress, shame, fear, or other negative emotions when sharing this vulnerable information. Should you feel any level of discomfort, support is available through these sources in both English and Arabic:

Culturally Relevant Support Services for Muslim Women and Youth

Naseeha Youth Helpline, for Muslims and non-Muslims (7 days a week, 12PM-12AM)

Helpline: 1 (866) 627-3342

Website: https://naseeha.org

NISA Helpline for Muslim Women (7 days a week)

Helpline: 1 (866) 315-6472

Website: https://nisahelpline.com/about-our-helpline/

Khalil Centre

Crisis Hotline: 1 (855) 543-5752

Website: https://khalilcenter.com

While there are no direct benefits to participating, study data will be utilized to develop and present professional development opportunities to those who work with people who experience violence.

Voluntary Participation

Your participation in this study is voluntary. You may decide not to be in this study with no effect on your role as a member of the community or volunteer. You do not waive any legal right by consenting to this study. You may skip or refuse to answer any questions at any time. You have the right to withdraw from the study at any time by not completing the survey. Upon submission, we will not be able to withdraw your responses due to the anonymity of the survey.

Confidentiality of Survey

The information collected will be used for research purposes only, and neither your name nor any identifying information will be used in any publication or presentation of the study results. Although the survey is anonymous and any quotes are deidentified, there is always an inherent risk of someone discerning your identity. All information collected for the study will be kept confidential in the possession of Western's research. Delegated institutional representatives of Western University and its Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Compensation No compensation is provided for completing the survey.

Contacts for Further Information

If you have any questions about this study or your participation in this research, please contact our Principal Investigator, Dr. Susan Rodger ([REDACTED]). This letter is yours to keep for future reference.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED]. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential

We would like to extend our sincerest gratitude for your willingness to consider participating in our research. Thank you.

Sincerely, The Research Team,

Dr. Susan Rodger, Professor, and Omhani Msougar and Tarana Steinke, MA students at the Faculty of Education, Western University

Consent
To indicate your consent, please fill out the consent form. Please keep a copy for your records.

DECLARATION OF CONSENT

I have read the Letter of Information and Consent and have had the limits to confidentiality and the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

□YES □NO

I consent to the use of unidentified quotes obtained through survey responses in the dissemination of this research.

□ YES □NO

I consent to [REDACTED] translating any survey responses written in Arabic.

□ YES □NO

_____

Appendix D: Focus Group Prompts

(Introduction: Welcome and appreciation for participating, review LOI in layman's terms, inform participants that focus group duration will be 60-90 minutes, restate confidentiality of interview, collect informed and written consent, explain concept of 'peer supporter', and elaborate goal to learn more about supporter experiences.)
(Turn on audio recording)

Process:

1. Can you walk us through the support-seeking process? What does it look like when a woman experiencing Domestic Violence and Abuse (DVA) asks you for help?

a. What are the decision-points for the person seeking support

i. (circumstances of her situation, and characteristics of supporter)

2. If you support people who aren't directly related to you, how did they find out about you?

a. Why do you think people choose to disclose to you, or come to you for support? Trying to get at "Is this a role you're known for in your community"

b. Do you feel people in the community know you are someone they can come to?

Providing Support:

3. What does it mean to you, to support a woman experiencing DVA?

4. What are factors that make you hesitant to support? What about factors that make you eager to support?

a. Facilitators and Barriers

Receiving Support:

5. How do you take care of yourself after providing support for a woman experiencing DVA?

a. Frame as wellness/well-being. Think collectivist background, self-care may not translate

b. Ex. Resources for family, social networking/connection, debriefing w someone

6. What supports from [REDACTED] do you feel would help you in your role as a supporter for women experiencing DVA?

a. We can bring up examples from survey here

7. What supports from mainstream community agencies do you feel would help you in your role as a supporter for women experiencing DVA?

(Transition: Turn off audio recording and debrief with participants as described in debrief document.)
(Closing: Thank you, Verify that compensation for time is received)

Appendix E: Letter of Information and Consent: Focus Group

Project Title: Working in the London Muslim Community: Peer Supporters for Women Experiencing Gender-Based Violence

Principal Investigator:

Susan Rodger, Ph.D., C.Psych, Professor

Faculty of Education, Western University

[REDACTED]

Study Information

You are invited to participate in this study done in collaboration between Western University and the[REDACTED]. We are asking participants in the [REDACTED] to share their experiences of supporting women who are experiencing domestic violence, to learn about how we can improve the supports that are available for **domestic violence and abuse** survivors within this community. Recognizing the extensive network of community support that is already established, we are hoping to learn from your unique experiences and draw from your perspectives and ideas. The main aim for this focus group is to identify how [REDACTED] can better support you! Additionally, Western is hoping to publish research on supporting *women experiencing domestic violence* in a Muslim community context.

This focus group asks you about the support you have provided to women in your community experiencing domestic violence. The World Health Organization defines intimate partner violence, a synonym for domestic violence, as behaviour within an intimate relationship that causes or has the potential to cause physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviours. We will also ask about your personal experience with domestic violence in your own life. You can skip any questions you do not wish to answer.

The focus group will take 60-90 minutes to complete. Please know that your answers will be audio-recorded and transcribed by the researcher for data analysis, but will be anonymized during transcription and remain **confidential**. Please be advised that **audio-recording is mandatory** for the focus group and refusing consent will exclude you from participating.

Your audio-recording will be transcribed through a third-party, secure online platform called NVIVO transcription services. Please note that whilst this service is approved for collecting data by Western's Technology Risk Assessment Committee (TRAC), there is a small risk with any platform such as this, of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, please bring this to the attention of the principal investigator.

All media files and transcripts uploaded to or produced by NVivo Transcription are encrypted while in storage and in transit, and are securely stored at Canadian servers. Please refer to NVIVO Transcription's Privacy Policy

(https://help.mynvivo.com/nvtranscription/Content/NVT_data_security.htm) for more details about their information management practices.

Please also be advised that there may be requests to have an Arabic translator present, and your responses will be translated in real time by [REDACTED]. In this case, [REDACTED] will know who is participating. [REDACTED] has signed a Confidentiality Agreement and has agreed not to share with [REDACTED] the identities of the women who participate in the research.

Your participation in this research is voluntary and confidential and will not impact your relationship with [REDACTED] in any way.

Risks & Benefits

It is possible that people who support individuals who are affected by domestic violence can be at risk of being targeted if identified. To mitigate this risk we have confidentiality measures in place which are outlined in the 'Confidentiality of Focus Group' section below. Additionally, some questions may be sensitive in nature as they relate to your relationship with domestic violence in the form of being a support to those experiencing it, as well as potential personal experiences. As this is sensitive information, you may decline to answer any or all questions without penalization. If you decide to disclose personal experiences of domestic violence it is possible that you may feel distress, shame, fear, or other negative emotions when sharing this vulnerable information. Once the focus group ends, the researcher will stop audio-recording and participants will have the opportunity to debrief through a candid discussion of their experience of the focus group. Should you feel any level of discomfort, support is available through these resources in both English and Arabic:

Culturally Relevant Support Services for Muslim Women and Youth

Naseeha Youth Helpline, for Muslims and non-Muslims (7 days a week, 12PM-12AM)

Helpline: 1 (866) 627-3342

Website: https://naseeha.org

NISA Helpline for Muslim Women (7 days a week)

Helpline: 1 (866) 315-6472

Website: https://nisahelpline.com/about-our-helpline/

Khalil Centre

Crisis Hotline: 1 (855) 543-5752

Website: https://khalilcenter.com

While there are no direct benefits to participating, study data will be utilized to develop and present professional development opportunities to those who work with people who experience violence.

Voluntary Participation

Your participation in this study is voluntary. You may decide not to be in this study with no effect on your role as a member of the community or volunteer. You do not waive any legal right by consenting to this study. You may skip or refuse to answer any questions at any time. Because the focus group will not identify which exact words are yours, we will not be able to completely withdraw your responses from the focus group once it starts. During the member-checking component of the study, you will be sent transcripts wherein you may strike statements that you do not wish to be included in the data to be analyzed. This can be what you yourself said, if you recognize your own words, or the contributions of another person. Once the data has been anonymized and analyzed, we will not be able to withdraw your information.

It is important to note that a record of your participation must remain with the study, and as such, the researchers may not be able to destroy your signed letter of information and consent, or your name on the master list..

Confidentiality of Focus Group

The information collected will be used for research purposes only, and neither your name nor any identifying information will be used in any publication or presentation of the study results. All members of the focus group will be reminded that this is a confidential activity and no information shared in the group should be shared outside the group, but this cannot be guaranteed. Information collected for the study by the researchers will be kept confidential in the possession of Western Research. Delegated institutional representatives of Western University and its Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research in accordance with regulatory requirements.

Compensation

If you agree to participate in the focus group, a gift card will be sent to you via the email address you provided. Your name and email address will not be associated with the focus group data. We will assign you a number for any references to your contributions and that number along with your name, email address and a record of successful scheduling of the focus group, sending the gift card, sending you the link to your transcript and receiving the transcript back from you, will be kept in a password-protected master list, on a secure computer at Western, separate from your data.

Contacts for Further Information

If you have any questions about this study or your participation in this research, please contact our Primary Investigator, Dr. Susan Rodger ([REDACTED]). This letter is yours to keep for future reference.

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [REDACTED]. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential

We would like to extend our sincerest gratitude for your willingness to consider participating in our research. Thank you.

Sincerely, The Research Team,

Dr. Susan Rodger, Professor, and Omhani Msougar and Tarana Steinke, MA students at the Faculty of Education, Western University

Consent
To indicate your consent, please fill out the consent form. Please keep a copy for your records.

DECLARATION OF CONSENT

If you are interested in participating in a focus group (in-person or online), please choose one option only:

In-Person Focus Group Option #1 (this will take place at one of the London Public Libraries on (DATE)

□YES □NO

In-Person Focus Group Option #2 (this will take place at [REDACTED]) (DATE)

□YES □NO

Online Focus Group You will need to have a place with an internet connection, a computer or phone, and privacy. (DATE)

□YES □NO

I understand that I will be provided with access to a transcribed copy of the focus group I participated in using a link that will be emailed to me and that I can make any deletions, edits or corrections within two weeks of receipt. If I do not make changes within that time frame the researchers will take this as evidence that I am fine with its contents and inclusion in the research.

□YES □NO

I have read the Letter of Information and Consent and have had the limits to confidentiality and the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

□YES □NO

I agree to be audio-recorded in this research. Please be advised that audio-recording is mandatory for the focus group and refusing consent will exclude you from participating.

□YES □NO

I consent to [REDACTED] translating my responses in Arabic.

□ YES □NO

_____

Please print your name and today's date

First and Last Name_____

Date_____

Please provide your signature

_____

Please provide researcher's name and today's date

First and Last Name_____

Date_____

Please provide researcher signature

_____

Appendix F: Follow-Up Meeting Recruitment Qualtrics Survey

Interview and Focus Group Recruitment

Start of Block: Default Question Block

Q1 Thank you for your interest in further participating in this study! Again, if you would like to view this survey in Arabic, please select 'Arabic' in the language drop-down menu in the right top-hand corner. We offer two formats for you to select from, allowing you to provide us with more comprehensive insights into your experience as a supporter for women experiencing domestic violence. The first is an Interview. This will be a one-on-one meeting with a researcher who will ask questions pertaining to your lived experience and allow you to tell your story. The second is a focus group. This will consist of a structured discussion between you and 4-6 other women who offer support. The discussion is facilitated by a researcher who is also interested in your personal and communal experiences in your supporting roles. Please know that both researchers are female, persons of colour, and currently completing their masters in counselling psychology at Western University. The sessions will be audio-recorded; however, recording is only required for those participating in the focus group.

Page Break

Q2 Please share the name that you would like to be addressed by when we communicate with you.

_____

Q3 Please share the email you would like us to use when communicating with you.

_____

Q4 I am interested in partaking in...

- an interview (1)
- a focus group (2)
- either an interview OR a focus group (3)

Q6 Where would you prefer to conduct the interview or focus group?

- In-person (Local library or [REDACTED]) (1)
- Virtually (Zoom) (2)
- I am open to both in-person and virtual (3)

Q5 Interviews and focus groups will be conducted in English. If you think having [REDACTED] (from [REDACTED]) present to translate certain Arabic words is vital to you expressing yourself, please request her attendance below.

- I do not need a translator present (1)
- I would like [REDACTED] translation assistance for certain words (2)

Page Break

End of Block: Default Question Block

Start of Block: Block 1

Q7 We appreciate your interest in participating! You will be contacted by our research team with a letter of information, a consent form, and to schedule an interview or focus group once the main survey has closed. Please click 'Next' to record your responses.

End of Block: Block 1

Appendix G: Organizer for Themes and Subthemes

Support-Seeking Process	Defining Support: Providing Support	Defining Support: Receiving Support
Characteristics of Informal Social Supporters *Demographic and Relational*	Bearing Witness	Fostering Connection
Methods of Realizing Abuse *Noticing vs Disclosing*	Investigating	Building Confidence
	Offering Solutions	Navigating Barriers

Curriculum Vitae

Name	Omhani Msougar
Post-Secondary Education and Degrees	**Western University** London, Ontario, Canada 2023-2025 M.A., Counselling Psychology **York University** Toronto, Ontario, Canada 2017-2021 B.A., Hons. Maj/Min Psychology and Children's Studies
Honours and Awards	**Canada Graduate Scholarship - Masters (SSHRC)** Western University *2024-2025* **The Herbert and Violetta Halpert Writing Prize** *2021* **Summa Cum Laude** and **Dean's Honor Roll** York University *2021* **Continuing Student Scholarship** York University *2017-2019* **Entrance Scholarship** York University *2017* **Student Life Award** York University *2017*
Related Work Experience	**Social Support Worker** *2021-2025* Recreational Respite **General Volunteer** *2021-2022* Distress Center Halton **Child and Youth Worker** *2021-2025* Milestone Foster Homes **Volunteer Lead** *Fall 2021-2023* Misk Islamic Society of Canada **Student Health Ambassador** *2018-2020* York University **Research Assistant** *2018-2019* York University (Neuroscience Lab)

Publications

Msougar, O. (2016, December). Where are my Muslim characters? *MyVoice*, *4*(2), 11.

Msougar, O. (2022, February). *Recognizing Divergence in Children's Agency*. Department of Humanities. https://www.yorku.ca/laps/huma/

Msougar, O. (2024, March 25). *Supporting Supporters: An Exploration of the Experience of Informal Social Supports for Muslim Survivors of Domestic Violence and Abuse* [Presentation]. The 15th Annual Robert Macmillan Symposium in Education, London, ON.

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